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ABSTRACT

The Pendleton Project is a category C-1 Juvenile Delinquency Prevention Program serving the cities of Chesapeake and Virginia Beach in Southeastern Virginia. It is a community-based treatment center directed toward reeducating children with behavioral problems and their families so that future maladaptive behavior is unlikely to recur. The Project resources are designed to treat behavior disorders that may be a function of inappropriate learning, perceptual or learning disabilities or emotional adjustment difficulties. Program effects on the juvenile justice system are intended to: (1) reduce the necessity for interaction between law enforcement and children; (2) reduce the probability of adjudication by providing reasonable alternatives; and (3) prevent the necessity for incarceration by providing appropriate treatment in the natural environment. Program objectives may be stated as : (1) to discover the ongoing antecedent behaviors that may lead to future antisocial behavior and result in a maladaptive life style; (2) to develop a comprehensive treatment program to correct antisocial development as early as possible; (3) to develop new resources and coordinate existing resources; and (4) to measure the effectiveness of the work. (Author/JLL)

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THE PENDLETON PROJECT

SEMI ANNUAL REPORT

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Submitted July 12, 1976
by
RICHARD POOLEY, Ph.D
Director

CG011409

THE PENDLETON PROJECT
SEMI-ANNUAL NARRATIVE REPORT
DJCP GRANT #75-A3006

Submitted by

Richard C. Pooley, Ph.D.

to

The Division of Justice and Crime Prevention

Richmond, Virginia

Virginia Beach, Virginia July 12, 1976

DJCP-49-NR
(Revised 6-14-76)

DJCP ACTION GRANT
SEMI-ANNUAL NARRATIVE REPORT

Applicant The Pendleton Project

Grant # 75-A3006

Program Administrator Richard C. Pooley

Grant Period July 1, 1975 to June 30, 1976

Date of this report July 12, 1976

Signature of person preparing the report Richard C. Pooley

Richard C. Pooley, Ph.D.

Title Project Director

The semi-annual narrative report is a written statement describing what has occurred since the grant was approved or since the last narrative report was submitted. It is useful to both the applicant and the DJCP in that it provides a means of assessing the progress of the program.

An adequate narrative must provide the following information:

1. Describe what has been accomplished since the program started or since the last narrative report was prepared.

2. State whether what has been done as of the date of this report is on schedule and in agreement with the approved application.

   Where there is a deviation, explain what the cause is.

3. Indicate if the program will be completed within the time limit set in the grant period.

   If it will not be completed within this time limit, explain the delay.

4. Discuss any problems which may have been encountered and have not previously been discussed.

5. If the action grant number starts with a 75, answer the following questions:

   I) Will the grant funds be obligated prior to 7/1/77?

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The report must be filed on or before July 12, 1976.

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All of the Pendleton Project staff is to be acknowledged for the steadfast work which they do to make the Project a success. Their names are listed in Chapter V.

Special thanks to those who contributed the something extra that makes thorough reporting possible. Richard J. Shea, Bong-soo Eun, and Rosemary Spinelli were instrumental to the supervision and organization of the information that appears in the chapters of this report. Specific project operations are summarized here together with the names of those who documented each program. William G. Cunningham of Old Dominion University supplied the status report on research activities being conducted as a result of a subcontract with ODU. This report appears in Chapter I. Ann Ackerman, Henry Lee, and Bong-soo Eun prepared much of the material which describes residential treatment. Richard Shea and his associates - Mary Johnson, Peter Prizzio, Sandy Rice, Anne Shows, Paula Burwell, Daisy Poettker were involved in preparing the reports on the Mini Research Projects (Chapter IV) and compiling the data that reports outclient activities. Alison Ruttenberg submitted the Expenditure Analysis information (Chapter VI). Thanks to Rosemary Spinelli and Twila Moser for their diligence in typing the manuscript.

The Project is grateful to the Management Board (Chapter V), the cities of Chesapeake and Virginia Beach, the Citizens Advisory Council, the Division of Justice and Crime Prevention, and the Law Enforcement Assistance Administration for their continued support in making this Project possible.

Richard C. Pooley, Ph.D.
Project Director

PREFACE

This report is the sixth in a series of semi-annual progress reports on the Pendleton Project since the operational phase began in June, 1973. Reports prior to June, 1973, consisted of one or two page documents which summarized the activities of the planning phase of this project.

The first operational report was submitted on January 4, 1974. It summarized project build-up in terms of staff appointments, building construction, preliminary trial of outclient service delivery and the current appointments of management board and its committees. The philosophy of the project was summarized together with current diagnostic, treatment, and training activities. All previous planning reports were included, as well, in an appendix to the report (January, 1974). That report serves as an historical review of the early developmental stages of the project.

The second operational report was submitted on July 10, 1974. It again reported on staff build-up and training and management board membership. Tooling-up of the physical plant including equipment and materials was summarized. The development of the residential day care program and its results together with the continuing development of outclient services was presented. The build-up of activities in community relations was specified. During this period, some internal personnel management problems developed. Problem analysis and management action together with a modified internal management structure was reported here (July, 1974). That report emphasizes the second stage of operational development and the problems associated with such growth.

The third operational report was submitted on January 10, 1975. Management board members and associated committees together with staff distribution was again specified. The planning and development of the 24 hour residential treatment program and associated services was presented in detail. Anecdotes of eight typical cases were presented together with behavioral data to support the claims of outcome. Descriptive statistics and research results of all treatment activities were reported including our expanding use of community resources (January, 1975). That report delineates the approach to and the establishment of the project as a novel, full-blown human service delivery system.

The fourth report, July 10, 1975, is similar in nature to the previous report (January, 1975). It updates descriptive statistics of treatment activities, training, agency involvement, and public relations. During this reporting period, full scale treatment delivery has been maintained and refined. These activities will continue throughout. Agencies elsewhere have begun to express a strong interest in our work and indicate that they hope to replicate the process in their communities. In addition to this, developmental emphasis has been placed on the design and implementation of refined measurement techniques in order to assess the effectiveness of project procedures. Future plans include the development of a system that can identify, diagnose, and treat children in trouble. The system is intended to administer this process with a high flow-rate of clients and a high degree of success. Our objective is to establish procedures that will effectively divert children in trouble from the juvenile justice system to a productive life in the community.

The fifth report summarized project activities for the interval of July 10, 1975 to December 31, 1975. This period was characterized by program refinement, improved service delivery, and enthusiastic public interest and support. The internal management structure was strengthened by a more detailed organization design. The American Public Welfare Association (APWA) gave national recognition to the Pendleton Project for creative and administratively sound contributions to the development of programs to serve children in trouble. A paper on the Management Design of the Project was presented by the project director at the APWA National Conference in New Orleans. The project was reviewed by the U. S. Department of Justice, Law Enforcement Assistance Administration, National Institute of Law Enforcement and Criminal Justice for Exemplary Project Status. Future reports will present the progress in this effort.

This report presents project activities for the interval of December 31, 1975 to June 30, 1976, with some reference to previous periods. The project objectives are stated together with the data that supports each objective. Most sections update ongoing activities that are routinely reported. Some new areas of investigation are included as well. For example, Chapter II presents health related data that was not previously available. Chapter IV elaborates on some characteristics of the treatment population and treatment effectiveness. Newly established methods of treatment, such as relaxation therapy are discussed. The statistical significance of the outcomes of procedures we routinely use are reported as well. Chapter IV has a section on the progress of our mini-research efforts. Four mini-research projects with from two to four replications each are reported.

During the next year, we intend to continue our concerted efforts in service delivery, program development, and research. In order to insure continued funding, additional emphasis will be placed on identifying and structuring the mechanisms for continuing financial support for the project.

Richard C. Pooley, Ph.D.
Project Director

CHAPTER I

Introduction

The Pendleton Project is a category C-1 Juvenile Delinquency Prevention Program serving the cities of Chesapeake and Virginia Beach in Southeastern Virginia. It is a community based treatment center directed toward reeducating children with behavioral problems and their families such that future maladaptive behavior is unlikely to occur.

Emphasis is placed on treating those behaviors that suggest antisocial development which is likely to result in contact with law enforcement officers, the courts or correction agencies. The Project resources are designed to treat behavioral disorders that may be a function of inappropriate learning, perceptual or learning disabilities, or emotional adjustment difficulties. The Project's intention is to intervene where antisocial behavior exists, whenever reasonable and proper, early enough to prevent the child from becoming involved with the juvenile justice system.

The effects on the system are regarded as being: (1) to reduce the necessity for interaction between law enforcement and children, (2) to reduce the probability of adjudication by providing reasonable alternatives, and (3) to prevent the necessity for incarceration by providing appropriate treatment in the natural environment. It is believed that this effort will relieve, to a reasonable degree, the already overloaded burden of the juvenile justice system and have a significant effect, here and elsewhere in the future, on the reduction of juvenile delinquency.

The objectives may be stated as: (1) to discover the ongoing antecedent behaviors that may lead to future antisocial behavior and result in a maladaptive life style, (2) to develop a comprehensive treatment program to correct antisocial development as early as possible, (3) to develop new resources and coordinate existing resources, (4) to measure the effectiveness of the work.

OBJECTIVE I. TO DISCOVER ONGOING ANTECEDENT BEHAVIORS THAT MAY LEAD TO FUTURE ANTISOCIAL BEHAVIOR AND RESULT IN A MALADAPTIVE LIFE STYLE

Summary

Data is collected on every subject and family with whom we work. The data consists of 834 variables and we intend to collect and process data collected on more than 600 subjects. This task is being accomplished in accordance with a subcontract with Old Dominion University (ODU). A status report prepared by Dr. William G. Cunningham of ODU is included here.

PARSIMONIOUS DATA REDUCTION

Evaluation Designs

The major purpose of this evaluation is to cluster questions within instruments in an attempt to reduce the large number of data elements now describing children in terms of a fewer number of independent but logically descriptive subscales. It was hypothesized that there were a relatively small number of descriptive subscales which could be used to account for much of the variability in the many variables presently being used to describe the children. Factor analysis using principle component factors were used to determine if there were underlying patterns or relationships which existed such that the data could be "rearranged" or "reduced" into a smaller set of "factors" or "components." These factors could then be used as subscales in describing the children. These subscales would be used as new variables for describing children in later analysis.

The original Pendleton data set contained 834 variables which were used to describe the children. There were 8 different instruments that were used to collect this data. These instruments were: 1) Piers Harris Self Concept Scale; 2) Demographic Data Form; 3) Developmental History Form; 4) Parent Behavior Rating Scale; 5) Teacher Behavior Rating Scale; 6) Child California Personality Scale; 7) Parent California Personality Scale; and 8) Childrens Self Concept Scale. Other data available on children were their age, number of siblings, grade, IQ (group test), IQ (individual test), PIQ, VIQ, Math Achievement, Language Arts Achievement, Reading Achievement, Writing X's scores and Dotting Test scores. The problem was to reduce this comprehensive mass of data collected on students into a smaller interpretable subset.

The evaluator analyzed the data collected on Pendleton children using both multiple regression and factor analysis. Multiple regression analysis along with factor analysis, using principle component analysis, was used to eliminate unrelated and/or uninterpretable questions. The analysis included determining what data most logically can be related and reduced. The reduction process involved the identification of subscales or factor scales which best describe the large number of variables in terms of a few relatively independent subscales. The results included the appropriate methodology needed to develop a student descriptive record along with an efficient profile on each child.

Methodology

The first step of the analysis was to do a multiple correlation using each question within an instrument as a dependent variable and all other questions within the questionnaire as independent variables. If the other questions within the instrument could not be used to significantly predict the dependent question then the dependent question was unrelated to all other questions within the instrument. Therefore, this question was not useful in describing Pendleton children because it could not be interpreted and would not have a strong reliability co-efficient. These questions were considered junk questions.

The second step was an interactive process using factor analysis with principle factors to abstract subscales which could be used to reduce the large percentage of variability which existed in the data used to characterize the students. The steps required in the determination of factors for data reduction were: 1) the extraction of initial factors; 2) the rotation of these factors to a terminal solution; 3) the search for simple and interpretable factors or subscales; 4) the elimination of variables which would not load on any of the identified factors. The basic approach was principle factoring with interaction.

Many alternative paramenters had to be tested in coming to an optional solution which met the basic requirements of Thurstone's conditions for simple structure. Some of these considerations were number of factors to rotate, values in the diagonal, methods of rotation, and delta values.

Next, each of the identified factors had to be interpreted. Interpretation required the thorough examination of each factor to determine its common characteristics. Questions that had the highest loadings on the same factor were used to interpret the factor. Items with loadings of above .30 on a factor were inspected and the factor was named by considering the content of items with the highest loadings. A descriptive term which identified the common characteristics of the factor was assigned to each of the subscales.

The final step was the calculation of factor scores for each student on each subscale. The factor scores were used to describe each of the students. The factor scores are computed by multiplying the response to each question by the factor score coefficient for each question and summing the results over an entire factor. Factor scores were calculated for every student in the Pendleton sample.

The evaluator first had to determine the best method or approach to accomplish the desired results. After the best methodology had been determined, then the programs had to be written to process the data. This required both BIOMED and SPSS programing due to certain restrictions at the ODU Computer Center on both approaches. Then the final solution had to be tested out by making minor modification to program paramenters until an optimal solution could be identified. In each of these steps, the evaluator was plagued with minor bugs which had to be corrected to insure accurate, reliable results. The result to date is that although the analysis is complete, the interpretation and interpretation and documentation has not been completed. After having taken such care in analyzing the data, it would be a serious mistake to rush and possibly misinterpret the results of the analysis. Therefore, it will only be possible to highlight the findings to date and to point out that progress is being made and final results of the parsimonious reduction of data should be available soon.

Preliminary Results

The Demographic Data Form contained 126 questions and responses. The analysis of this instrument resulted in the elimination of 47 questions which left 79 questions for interpretation. These 79 questions could be explained by eight factors which accounted for 39 percent of the variance in the data. The factor matrix using principle factors were rotated to the varima criterion. In each case, various rotation criteria and factor combinations were tried to determine which solution best met the criterion for simple structure. The final solution met the criterion for simple structure and therefore was deemed stable for interpretation. The interpretation is new being made. The final step will be to calculate factor scores for each student in the sample.

The Developmental History Form contained 133 questions and responses. The analysis of this instrument resulted in the elimination of 15 variables which left 118 questions for interpretation. These 118 questions could be explained by 8 factors which accounted for 59 percent of the variance in the data. The factor matrix using principle factors were rotated to the varima criterion. The final solution met the criterion for simple structure now being made. The final step will be to calculate factor scores for each student in the sample.

The Parent Behavior Rating Scale contained 48 questions. All questions were related to at least 3 or 4 other questions and all could be interpreted and deemed reliable. Therefore, no questions were eliminated. The 48 questions could be explained by 3 factors which accounted for 58 percent of the variance in the data. The factor matrix using principle factors was rotated to the varimax criterion. The final solution met the criterion for simple structure and therefore was deemed stable for interpretation. The interpretation is now being made. The final step will be to calculate factor scores for each student in the sample.

The Teacher Behavior Rating Scale was identical to the Parent Behavior Rating Scale except that the teacher form contained 8 additional questions for a total of 56 questions. Again, none of the questions could be eliminated based on the criterion established. The 56 questions could be explained by 4 factors which accounted for 62 percent of the variance in the data. The fourth factor was dominated by the last 8 questions, added to the teacher questionnaire, with all other questions being loaded on the first three factors. The factor matrix using principle factors was rotated to the varimax criterion. The final solution met the criterion for simple structure and therefore was deemed stable for interpretation. The interpretation is now being made. The final step will be to calculate factor scores for each student in the sample.

Only one scale of the California Personality Inventory was used in the Pendleton analysis. Some additional questions were also added but they were from various scales and therefore could not be interpreted. The scale could be scored using the California Personality Inventory scoring method. The evaluator factor analyzed this scale using two factors. The one factor pulled out many of the junk questions that didn't belong on the primary scale. Factor scores were then calculated for the one primary factor. This was done for both the children CPI and the adult CPI.

The Childrens Self Concept Scale contained 26 questions and responses. Again, none of the questions could be eliminated based on the criterion established. The 26 questions could be explained by 1 factor which accounted for 93 percent of the variance in the data. All questions had factor loadings above .94 on this factor. The interpretation is now being made. The final step will be to calculate factor scores for each student in the sample.

CHAPTER II

OBJECTIVE II. TO DEVELOP A COMPREHENSIVE TREATMENT PROGRAM TO CORRECT ANTISOCIAL DEVELOPMENT AS EARLY AS POSSIBLE

Actual and Potential Status and Criminal Behavior

Children who are referred to the Pendleton Project exhibit a variety of behavioral problems ranging from actual status and criminal offenses to status and criminal behaviors which would result in police or court contact, if detected, to seriously disruptive behaviors in the home and classroom.

TABLE II-1 Actual and Potential Involvement with Criminal Justice System*

		# of Cases	%	CF	CP
A.	Actual Law Enforcement Contact for Status Offenses	29	5	29	5
B.	Actual Law Enforcement Contact for Criminal Offenses	77	13	106	18
C.	Actual Law Enforcement Contact for Status and Criminal Offenses	36	6	142	24
D.	Potential Status Behaviors	98	17	240	41
E.	Potential Criminal Behavior	56	10	296	51
F.	Potential Status and Criminal Behaviors	46	8	342	59
G.	Serious Disruptive Behaviors but no Potential or Actual Offenses	275	41	617	100
	(Custody Proceedings with no other Court Contact)	34	6		

*These categories are mutually exclusive so that each case is recorded in one category only.

Table II-1 indicates the number of children referred to the Pendleton Project who have exhibited actual or potential status and/or criminal behaviors as well as the number of children referred who displayed neither status nor criminal behaviors, but exhibited anti-social behaviors at a high frequency.

Pendleton treatment efforts must encompass a broad range of problems from the seriously disruptive child to the child who has committed actual status and criminal offenses.

Health Related Information

The public health nurse in the Project Services Team collects developmental, medical, and other health related information on each child referred to the project.

Table II-2 is a summary of selected health related information from a random sample of 100 children referred to the project.

In addition, the nurse does a brief physical screening of each child for any observable health problems and, if necessary, refers the child to a specialist for a more extensive evaluation.

Table III-2, presented in Chapter III, reveals that 103 children (16%) have been referred to a specialist (i.e., physician, dentist, or neurologist) for health related problems.

Table II-2

Selected Health Information

(Random Sample of 100 Referrals)

1. Family has health insurance - 95%
   Medicaide - 17%
2. Family has used Public Health Department Services - 39%
3. Family has family doctor - 93%
4. Child has been seen by dentist - 83%
5. Child has seen dentist in last year - 42%
6. Child's immunizations up-to-date - 89%
7. Mother had problems during pregnancy - 29%
   (i.e., on drugs, bleeding, trauma, toxemia, large weight gain)
8. Mother had problems during birth - 15%
   (i.e., premature delivery, breathing difficulties, placenta previa, placenta abruptio, prolapsed cord)
9. Child has chronic illness - 27%
   (i.e., anemia, hearing difficulties, ear infections, rheumatic fever, heart disease, convulsions, diabetes, kidney trouble, sickle cell, mental problems)
10. Child is bedwetter (currently) - 19%
11. Child has allergies - 24%
12. Child has been on behavior control medication in past - 35%
    (i.e., tranquilizers, enuresis, anti-convulsants)
13. Child is on behavior control medication at time of referral - 24%
14. Parents suspected of drug or alcohol abuse - 10%
    (Nurse's impression)

CHAPTER III

OBJECTIVE III: TO DEVELOP NEW RESOURCES AND COORDINATE EXISTING RESOURCES

Summary

Efforts to develop and coordinate resources are a continuing task of the Pendleton Project. The direct service distribution is shown in Table III-1 by referral source. Some cases are referred to other agencies to avoid duplication of services or are treated by Pendleton in concert with one or more other agencies. These data are presented in Table III-2. The impact of Pendleton training by direct methods together with an estimate of "spinoff" effects is discussed. In order to continually upgrade staff competence, the project takes advantage of training opportunities whenever possible. These activities for this report period are presented in Table III-3. The project also answers requests to do training for other agencies and to make presentations at professional meetings. In Table III-4, these activities are summarized.

Formal training relationships have been established with several area universities. These efforts take the form of classroom instruction to graduate and undergraduate students together with the supervision of student placements for internships, student teaching, research papers, and volunteer work. A summary of such activities is presented in narrative in this chapter.

The project is in the process of applying for Exemplary Project Status. If approved, this will result in the publication of documents which describe project activities to be distributed throughout the country and elsewhere in the world. A narrative of this effort is also reviewed in this report.

TABLE III-1 REFERRAL SOURCE

	Referral Source	Frequency	CF	%	CP
1.	Chesapeake School	127	127	20.3	20.3
2.	Ches. Social Service	41	168	5.5	26.9
3.	Ches. Juvenile Court	35	203	5.6	32.5
4.	Ches. Youth Bureau	2	205	.3	32.8
5.	Ches. Devel. Workshop	1	206	.2	33.0
6.	Ches. Parents	34	240	5.4	38.4
7.	Va. Beach Schools	134	374	21.5	59.9
8.	VB Social Services	39	413	6.2	66.1
9.	Va. Beach Juv. Court	38	451	6.1	72.2
10.	Va. Beach Comp. Mental Health	17	468	2.7	74.9
11.	Va. Beach Public Health	4	472	18.4	93.9
12.	Citizen	6	593	1.0	94.9
13.	Private Agency	15	608	2.4	97.3
14.	Ches. Public Health	5	613	.8	98.1
15.	Other	12	625	1.9	100.0

The public school systems in both Chesapeake and Virginia Beach have been the most frequent source of referral. Referrals from the Juvenile Courts have been increasing recently by identifying the younger siblings of youth on probation. In addition, referrals from parents have increased by enhancing public awareness of the Pendleton Project through the media and other public relations efforts.

TABLE III-2 AGENCIES REFERRED TO

Agencies Referred to	Partial* f	%	cf	cp	Total ** f	%	cf	cp
1. Ches. School	2	.9	2	.9	1	2.9	1	2.9
2. Ches. Soc. Serv.	13	5.8	15	6.7	4	11.4	5	14.3
3. Ches. Juv. Court	0	0	15	6.7	0	0	5	14.3
4. Ches. Youth Bur.	0	0	15	6.7	1	2.9	6	17.2
5. Ches. Devel. Workshop	0	0	15	6.7	0	0	6	17.2
6. Va. Beach Schools	3	1.3	18	8.0	0	0	6	17.2
7. Va. Beach Dept. of Soc. Service	14	6.3	32	14.3	11	31.4	17	48.6
8. Va. Beach Juv. Ct.	4	1.8	36	16.1	0	0	17	48.6
9. Va. Beach Comp. Mental Health	13	5.8	49	21.9	5	14.3	22	62.9
10. Public Health	31	13.9	80	35.8	0	0	22	62.9
11. Tidewater Rehab. Inst.	2	.9	82	36.7	0	0	22	62.9
12. Private Psychiatrist	9	4.0	91	40.7	0	0	22	62.9
13. Neurologist	2	.9	93	41.6	0	0	22	62.9
14. Priv. Psychologist	3	1.3	96	42.9	1	2.9	23	65.8
15. Priv. Physician	56	25.1	152	68.0	0	0	23	65.8
16. Norfolk & Chesa. Comm. Mental Health	1	.5	153	68.5	0	0	23	65.8
17. Residential (non-Pendleton)	1	.5	154	69.0	2	5.7	25	71.5
18 Family Service/ Travelers Aid	11	5.0	165	74.0	2	5.7	27	77.2
19. Dental	44	19.7	209	93.7	0	0	27	77.2
20. Other	14	6.3	223	100.0	8	22.8	35	100.0

Partial N = 223
% = 36
Range 0-56

Total N = 35
% = 6
Range 0-11

* A partial referral to another agency is defined as a case being referred for a selected service (e.g., foster home placement) while Pendleton continues to work on the problem behaviors.

** A total referral to another agency is defined as a case being referred entirely to another resource for more appropriate services (e.g., family counseling).

Table III-2 indicates 36% of cases were referred to other agencies for a selected service while Pendleton continued to work on the problem behaviors; 6% of the cases were referred to other resources for more appropriate services. This data indicates one effort to foster interagency cooperation in the delivery of services to the target population.

TABLE III-3 Training Received

The following training was received by various staff members since January, 1976.

Date	Title and Sponsoring Agency	Staff
1/8-9	Human Service Institute, Richmond	Pooley, Eun, Shea
1/12	Conference on Youth Services by the Federation of Women's Clubs, Norfolk	Pooley, Shea, Eun
1/13	Virginia Juvenile Justice System conference on volunteerism	Chapin
1/22-23	Seminar sponsored by Behavior Therapy Unit, Department of Psychiatry, Temple University Medical School, Philadelphia	Pooley, Shea, Eun
1/23	Regional Volunteer Coordinator meeting on public relations	Chapin
1/26-28	Virginia annual state conference on volunteerism	Chapin
1/28	Virginia Beach city orientation	Chapin
2/11	Regional office "Volunteerism"	Prizzio
2/12-5/27	University of Virginia graduate course. Individual Instruction for the Child with a Learning Problem.	Beckett
2/17	Faculty seminar, Eastern Virginia Medical College	Pooley
3/16	Faculty seminar, Eastern Virginia Medical College	Pooley
4/1	Family Systems Inservice training, Comprehensive Mental Health Services, VB.	Shea
4/8	Norfolk State School of Social Work, Field Supervisors seminar	Chapin
4/15	Virginia Beach city orientation	Ackerman, Aygarn, Nichols
4/20	Faculty Seminar, Eastern Virginia Medical College	Pooley
5/1-4	Midwestern Association of Behavior Analysis second annual convention, Chicago	Pooley, Shea, Eun

Training Received continued

Date	Title and Sponsoring Agency	Staff
5/13	Virginia Juvenile Officers Association Workshop, Norfolk	Pooley, Chapin, Shea Eun, Shows, Rice, Nichols, Johnson, Lee, Craighead, Aygarn, Stevenson, Paganelli, Beasley, Prizzio, Ackerman, Beckett
5/14	Pendleton inservice regarding Midwestern Association of Behavior Analysis conference, Virginia Juvenile Officers Association Workshop, and research packet results.	Pendleton staff
5/20	The Military Family, sponsored by Family Service/Travelers Aid and the U. S. Navy	Chapin, Walker
5/28	Seminar: Early Emotional Development-The Prevention of Mental Illness, sponsored by Tidewater Virginia Association for Mental Health, Norfolk State College	Pooley, Chapin, Eun, Shows, Rice, Nichols, Rowlands, Aygarn, Bloomer, Lee, Craighead, Beckett, Stevenson, Beasley, DeCaro, Walker, Paganelli
6/2-3	An Interdisciplinary Syposium - The Hyperactive Child: Research Perspectives and Clinical Applications sponsored by University of Virginia in Charlottesville, Virginia	Shea, Shows, Rice, M.Johnson, Craighead, Walker, Rowlands, DeCaro, C.Johnson, Lee, Andrews, Beasley, Beckett, Aygarn, Nichols
6/18	Seminar - Toward General Concept of Therapeutic Processes, Eastern Virginia Medical School, Norfolk	Chapin, Craighead

TABLE III-4 Presentations

The following presentations were made by the staff to various individuals and groups since January, 1976.

Date	Presentation to	Size of Audience	Staff	Time
1/15	Comprehensive Mental Health staff meeting	20	Shea, Chapin	30 min.
1/26	Ginger Babbitt, Chesapeake Sch.	1	DeCaro	1 hr.
1/27	Dr. Russell, Pediatrician Boone Clinic, Little Creek Navy Base	1	Walker	1 hr.
1/28	Sandra Cunningham, student Old Dominion University	1	Walker	1 hr.
2/2	Chesapeake Human Resources Child Abuse Unit	7	Rice	2 hrs.
2/5	Secretary of Human Affairs & Commissioners of Human Services in Richmond	10	Pooley, Clark, Merritt	2 hrs.
2/10	Chesapeake Schools Pupil Personnel Services & Psychological Services	4	Pooley, Shea, Eun	2 hrs.
2/10	Citizens group representatives from Newport News	5	Pooley, Shea, Eun, O'Rourke	1 hr.
2/11	Virginia Beach Public Schools Reading Council	40	Shows	1½ hrs.
2/19	Physicians and residents of the Family Practice Group through the Medical College of Virginia	14	Pooley Walker Shea	1 hr.
2/23	Dr. Woloy, Tim McCarthy from Psychiatric Associates	2	Shea, Eun, Walker	1 hr.
2/25	ODU class on Volunteers in the Juvenile Justice System	5	Chapin Shea	1 hr.
3/5	Comprehensive Mental Health of Virginia Beach personnel	8	Chapin Shea	2 hrs.
3/8	Holland Elementary Faculty meeting	45	Chapin	½ hr.
3/10	Crestwood Elementary school teachers	3	Prizzio	1 hr.

Presentations continued

Date	Presentation to	Size of Audience	Staff	Time
3/12	Norfolk State Graduate School of Social Work. Two field seminar classes.	30	Chapin	1 hr.
3/14	Parents without Partners	140	Chapin	1 hr.
3/19	Training officially given through Comprehensive Mental Health to Unit 4, Less Secure Detention Home	8	Chapin	1½ hrs.
3/25				1½ hrs.
4/4				1½ hrs.
4/7				1½ hrs.
4/28				3 hrs.
5/12				3 hrs.
5/26				3 hrs.
6/9				3 hrs.
3/24	Citizens Advisory Council, City Councilmen and legislators	20	Pooley Shea Eun	2 hrs.
3/31	ODU Behavior Modification class, Poquoson, Virginia	16	Shea Shows Rowlands	2½ hrs.
4/2-3	Family Fair booth at Military Circle		Brody, Johnson Rice, Shows, Prizzio, Bloomer, Craighead, Chapin, Walker, Rowlands, Beckett, Ackerman	2 days
4/6	Teachers from Chesapeake	2	Johnson	1 hr.
4/6	Otis Brown, Richmond	1	Johnson	45 min.
4/9	Patricia D. Sykes, Portsmouth Psychiatric Center	1	Pooley, Eun	1 hr.
4/12	Chesapeake Youth Services Unit Indian River Community College	30	Bloomer	1 hr.
4/14	Carol Bonnett, Comprehensive Mental Health Services	1	Walker	1 hr.
4/16	1st District Court Services Probation Officers	15	Prizzio	2 hrs.

Presentations continued

Date	Presentation to	Size of Audience	Staff	Time
4/20	ODU Graduate Psychology class	35	Chapin	1 hr.
4/21	Tidewater Community College class	38	Pooley	1 hr.
4/22	Virginia Beach Mental Health, Chapter 10 Board	12	Pooley, Shea Chapin	2 hrs.
5/3	Midwestern Association of Behavior Analysis Workshop, Chicago	30	Pooley	1½ hrs.
5/4	Family Services Unit, Dept. of Social Services, VB.	5	Craighead	½ hr.
5/5	1st District Court Services (new probation officers)	3	Prizzio	1 hr.
5/10	Alice J. Walton, President, and NAACP group	50	Lee Craighead	1 hr.
5/12	Citizens Advisory Council and school administrators	14	Pooley, Eun	3 hrs.
5/13	1st District Court Services, volunteers	3	Prizzio	1 hr.
5/18-19	Girls Group Home, Norfolk	18	Johnson	2 days
5/21	Regional Visiting Teachers Association annual meeting	30	Chapin	1½ hrs.
5/27	Lynnhaven Elementary teachers	6	Craighead Rowlands	1 hr.
6/5	Mr. and Mrs. William Douthat	2	DeCaro	2 hrs.
6/7	Virginia Beach Public Health Department	7	Walker	1 hr.
6/15	Alan Davidson (applicant)	1	DeCaro	2 hrs.

University Course Offered by Pendleton

During this report period, project staff (Pooley, Shea, Eun) has again offered a graduate university course in behavior management. The course is currently being taught through the School of Continuing Studies, Old Dominion University. It is titled EFSMI-497 "Motivation Management in the School and Home" (three credit hours). The course is being taught to fifteen staff members of the Chesapeake Alternative School and one Pendleton employee. The Chesapeake Alternative School is a special school within the school system designed to teach children 12 to 18 years of age who have not responded favorably to the school system at large. The students assigned to the Alternative School exhibit behaviors similar to those of the Pendleton population.

Training Others in Pendleton Procedures

In addition to our formal training classes, all project treatment staff routinely train others (i.e., teachers, resource persons, other treatment agents, parents, etc.). Some summary statements can be made concerning this activity. In one year, project staff trained about 1,500 persons investing a total of 3,700 hours each year. This training is directed at teaching others our methods so that they may apply them to maintain the new behaviors we have established in their children, and to use on other problem children as well.

National Conference

The Pendleton Project was invited to make two presentations (3 hours) to the Midwestern Association of Behavior Analysis in Chicago, May 3, 1976. The first session was two hours of case presentations and a paper on treatment effectiveness evaluation (Pooley, Shea, Eun, 1976). The second session was an audio visual presentation on project procedures followed by group discussion (1 hour). Both presentations were well received with about forty people in attendance.

Volunteer Program

During the last six months, the Pendleton Project has involved fifteen volunteers in the treatment of children.

Forty-one children were involved with a volunteer in addition to the treatment given by the staff. The volunteers are functioning as child advocates (Big Brother or Big Sister), tutors, teaching special classes (arts and crafts) to children in residence, child care worker assistants, public relations, and recruitment of volunteers.

Exemplary Project Status

On July 18, 1975, Edward Sikora, LEAA Regional Office, U. S. Department of Justice, Philadelphia, visited the Pendleton Project. As a result of this visit, Mr. Sikora recommended that it may be appropriate to submit an application for Exemplary Project Status. Accordingly, the required forms were completed and submitted on September 19, 1975, to the Division of Justice and Crime Prevention (DJCP), Richmond, together with copies of our semi-annual reports and grant applications. The material was reviewed by DJCP and forwarded to the Office of Technology Transfer, Model Program Development Division, National Institute of Law Enforcement and Criminal Justice, U. S. Department of Justice. On October 24, Dr. Richard Pooley, project director, received a phone call from Robert Aserkoff of the Office of Technology Transfer. A follow-up letter was received from Mr. Aserkoff on October 31, 1975 (see Semi-Annual Report, January, 1976). Mr. Aserkoff had done a preliminary review of our Exemplary Project application and had asked for more detailed information prior to further consideration of the application.

In answer to this request, a thirty-four page special report (Pooley, Shea, Eun, 1976) was prepared by the Pendleton Project and submitted to Mr. Aserkoff on February 20, 1976. We were confident that the special report would answer any remaining questions that the Office of Technology Transfer might raise.

The answer we received to that effort is included here in Mr. Aserkoff's letter of April 23, 1976. We intend to submit a copy of this semi-annual report to the National Institute of Law Enforcement in hopes of keeping our bid for examplary status alive.

UNITED STATES DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE
WASHINGTON, D. C. 20531

April 23, 1976

Dr. Richard Pooley
Pendleton Project
1000 South Birdneck Road
Virginia Beach, Virginia 23451

Dear Dr. Pooley:

The National Institute has reviewed the supplementary materials which you submitted on the Pendleton Project for consideration as an Exemplary Project candidate. At our request these materials were also reviewed by staff of LEAA's Office of Juvenile Justice and Delinquency Prevention.

As you will recall from our earlier conversations following your initial submission of last October (see my correspondence of 10-29-75), we had elected to forestall a final determination of the submission because of the dearth of evaluative documentation of program achievement. The following represents our review of the complete submission package, with particular attention paid to the evaluative data most recently provided.

It is clear that the Pendleton Project represents a long-term investment in the psychological well-being of the children who turn to it for help. The early intervention provided by the project makes it both significant and difficult to assess. There is every hope that the kind of intensive and professional services which the project delivers will be able to keep a significant fraction of its clients from further trouble with the law throughout the remainder of their youth. Evidence of the achievement of such a goal is certain to be hard to produce, and the final word will, inherently, not be in for some time to come.

While the report compiled in February of this year provides some suggestive information relating to several measures of project impact, it does not seem to provide the level of confidence in actual life change that is generally required to meet the Exemplary Project Criteria. The first measure of effect presented is the fairly traditional successful termination ratio. In most evaluations this has proved to be a measure of limited usefulness, largely because it is so sensitive to the project's choice of how to define "success". Even in the semiannual reports of the Pendleton Project itself, cases have moved in and out of the ratio with considerable fluidity as the definition changed from year to year. More disconcerting, however, is the list of termination conditions on which the computations are based. This presumably exhaustive list seems to have no category for "we did everything we could, but it didn't help." Given the experience of all other juvenile program, it's hard to believe that such a case didn't come along at least once in three hundred clients. With the possibility of failure seemingly excluded from the evaluation, it is not clear why the success rate is anything other than 100%. Even with a less problematical definition, the phrase, "Change in behavior such that child is able to function adequately," still has a substantial subjective element. It can only be interpreted as a basically unknowable combination of actual improvements in client behavior (which are due to project focus plus everything else) and a rater's perception of the child's functioning. By appropriate rating, a project can fairly easily meet almost any "successful"termination target it cares to set.

The February report next discusses the arrest experience of that portion of project clients. Unfortunately it is difficult to conclude much about project impact from the data presented. In the first place, attention is restricted to those clients with at least one pre-referral arrest. This restriction automatically precludes the possibility of counting the number of clients who had no arrests before, but did suffer police contacts during or after the project. In many future evaluations it will presumably be desirable to determine whether any clients fit this description, and if so, how many.

Among the 137 clients with at least one contact, the average number of contacts was 1.1460 per client per lifetime. Since by selection the average had to be at least one, this is not a particularly informative number, except to suggest that there were very few among the group with lengthy prior records (i.e., at most one in seven had more than one prior contact). During treatment this group experienced 51 contacts, for an average of .3723 contacts per client per 14 week treatment period* or slightly over 1.3 contacts per client per year. It is not clear whether 1.3 contacts per year is better or worse than 1.15 contacts per lifetime. The use of pre-post designs in programs for young children is particularly weakened by effects of maturation. According to FBI data, the frequency of legal contact increases rapidly with age until roughly age 16. This could have the effect of significantly biasing comparisons against Pendleton, since its clients are under 12. The 51 post treatment contacts present all the problems of interpretation of the during-treatment data, plus one more: there is no indication of the duration of exposure time during which those contacts occurred. One cannot then even calculate a rate, much less compare it.

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* For children in residence, the average period is 7.6 weeks, during which there is presumable minimal chance of police contact. This calculation ignores that fact.

The data on behavior ratings and self-concept appear to provide more encouraging and more easily interpreted results than the juvenile justice system data. In light of the project's work with both children and their parents, the latter's perception of improved behavior is particularly significant. The improvements in self-concept after the no doubt traumatic experiences which lead to project referral also argue that the project is successful in treating its clients with a humanity that helps them recover from the potentially damaging aspects of a contact or near-contact with the juvenile justice system. While these results are important and worthy of emulation, the link between such measures and justice-system outcomes remains more a conjectural one than a conclusion of any real empirical research. It therefore seems that although the concept of the Pendleton Project is a sound one, the long-term nature of its anticipated effects and the evident difficulty of gathering data with which to validate these effects preclude its further consideration as a candidate for exemplary status.

We appreciate your interest in the Exemplary Projects Program and wish the Pendleton Project and its staff continued growth and success.

Sincerely,

Robert Aserkoff
Office of Technology Transfer

cc: Virginia SPA
Regional Office III

In January, 1976, a short article on the Pendleton Project appeared in Target (Volume 5, Issue 1). This publication is a Newsletter of Innovative Projects funded by LEAA and published by the International City Management Association. As a result of this story, and probably other sources as well, fifty-one agencies from 29 states requested more information on the project. These inquiries demonstrated a serious interest among others in replicating the project elsewhere. The names of persons and agencies who showed such interest follow in alphabetical order by state.

Alabama

Edward E. Earnest, Director
Alabama Youth Services
C.I.T.Y. Program
Birmingham

Arizona

Ronald Gray, Director
Administration of Justice
Mohave Community College
Kingman

California

Ronald N. Alexander, Director
Redlands-Yucaipa Guidance Clinic Assoc., Inc.
Redlands

James McGaha, Coordinator
American Friends Service Committee
Pasadena

Racine Butler
Counseling Coordinator
Youth and Community Services
Gardena

Colorado

Gary Holmes
Chief Probation Officer
Fourth Judicial District
Colorado Springs

Thomas Kowal
Spanish Peaks Mental Health Center
Walsenburg

Connecticut

Francis X. Hartmann
Hartford Institute of Criminal and Social Justice
Hartford

William H. Carbone
South Central Criminal Justice Supervisory Board
New Haven

Florida

Ira J. Silverman, Ph.D.
University of South Florida
College of Social & Behavioral Sciences
Tampa

Clark Knight
Dept. of Health and Rehabilitative Services
Division of Youth Services
Daytona Beach

Georgia

Judy Greenberg
Program Evaluator
State Crime Commission
Atlanta

Hawaii

Jack T. Nagoshi, Director
University of Hawaii at Manoa
School of Social Work
Honolulu

Stanley Shikuma, Director
Family & Probation Services
Third Circuit Court
Hilo

Illinois

Barbara J. Laz
Youth Services Department
Sheriff's Office of Cook County
Mayland

Thomas J. Kloppenborg
Friendship House
Chicago

Iowa

Robyn Dinwiddie
North East Iowa Area Crime Commission
Waterloo

Louisiana

Alwynn J. Cronvich
Sheriff and Tax Collector
Parish of Jefferson
Gretna

Maryland

Murray L. Howder
Assistant Librarian
ERIC
Processing & Reference Facility
Bethesda

Massachusetts

Jack Chisholm
Juvenile Officer
Marshfield Police
Marshfield

Gilbert Farias
Fairview

Michigan

Ralph G. Lewis
Research Director
Criminal Justice Systems Center
East Lansing

Edward Patillo
Graduate Center, MSU
East Lansing

Robert Edwards, MSW
Ann Arbor

Minnesota

Colleen E. Faber
Juvenile Officer
S. Lake Minnetonka Public
Safety Department
Excelsior

Storm Carroll
Northeast Regional Corrections
Center
Saginaw

Montana

Rev. Anthony F. Gregori
Director of Criminal Justice
College of Great Falls
Great Falls

New Jersey

David C. Dreifuss
Research Assistant to the
Criminal Justice Planner
County Court House
Paterson

Richard M. Quane, Director
Adolescent Offender Treatment
Unit
Drenk Memorial Guidance Center
Mount Holly

Cynthia J. Stopherd, Director
Criminal Justice Planning
Morristown

New York

Robert Martinson, Director
Center for Knowledge in
Criminal Justice Planning
New York City

Edward Pabon, Director
Family Services & Prevention
St. Agnes Home & School for
Children
Bronx

William N. Betjemann
Crime Control Coordinator
Office of Crime Control
Albany

Raoul A. Davis
Principal Planner
Suffolk County Youth Bureau
Riverhead

Stephen J. Powers
Division of Probation
Correctional Services Training
Academy
Albany

Richard Cannarelli
Department of Mental Health
Mental Health Advisory Board
Utica

North Carolina

C. Wayne Heasley, Director
Mecklenburg Youth Services
Bureau
Charlotte

Anne Byran
Law & Order Section
N.C. Dept. of Natural and Economic Resources
Raleigh

Oklahoma

Leona M. Brice
Indian Nations Council of Govt.
Tulsa

Pennsylvania

Susan Savage
Assistant Planner
County of Montgomery
Norristown

South Carolina

David N. Brown
Family Court of Lexington Cty.
Lexington

South Dakota

Linda Goodell, Planner
First Planning and Development District
Watertown

Tennessee

Roy J. McKuhen
Assistant Law Enforcement Planner
Upper Cumberland Development District
Cookeville

Texas

Don Rademacher
Juvenile Justice Project
Children's Defense Fund
Austin

Utah

Rod Barlow
Criminal Justice Planning Dept.
Provo

Virginia

Jenniereva B. Gouldman
Alexandria Dept. of Social Svcs.
Alexandria

Roger Miles
Norfolk

LTC Fenwick H. Burch, Jr.
Provost Marshall
Fort Eustis

Washington

Dr. Dan Harris
Law & Justice Planning Office
Office of Community Development
Olympia

Elizabeth Davies
Investigation Div., Unit B
Dept. of Juvenile Services
Seattle

Wisconsin

David Goodrick
Clinical Services Unit
Wisconsin State Reformatory
Green Bay

CHAPTER IV

OJBECTIVE IV: TO MEASURE THE EFFECTIVENESS OF THE WORK

The Pendleton Project has developed a variety of methods to measure the effectiveness of the work. First among these is a ratio that is calculated based on the status of terminated cases. Table IV-I shows the categories of terminations and the number of terminations within each category. The numerator of the ratio is the number of category A terminations which indicates successful behavioral change. The denominator of the ratio is all other categories of termination. The product of this ratio indicates a success figure in percent. The results of these calculations are presented in detail in this chapter.

The Residential Treatment Team has designed three treatment programs together with measurement procedures for each. They are: (1) Academic Program, (2) Career Awareness Program, (3) Social Competence Program. A detailed description of each program has been written and will be made available for other interested parties in the future. A summary of each program is presented in this chapter.

Success Rate

Since the January 10, 1976 semi-annual report, Pendleton has received 183 referrals. The total caseload statistics as of June 10, 1976 are as follows: 617 referrals, 487 terminations, with a success rate of 75%.

TERMINATIONS

Table IV-1

	Pendleton Code		No. of Cases
A	01	Change in behavior such that child is able to function adequately in the natural environment, including home and school.	244
B	02	Parents not interested in services at this time.	49
C	03	Parents unwilling to accept services after treatment program implemented.	54
D	04	School unwilling to accept services prior to implementation of treatment recommendations.	7
E	05	School unwilling to accept services after implementation of treatment program.	13
F	06	Referred to another agency for appropriate services.	30
G	07	Change of residence resulted in no further need for services for child.	4
H	08	Change in school placement resulted in no further need for services for child.	19
I	09	Parents located another resource.	23
J	10	Family moved outside Pendleton coverage area.	17
K	11	Case referred but parents not follow through.	0
L	12	Inappropriate referral.	23
M	13	Entered court system.	3
N	14	Entered residential setting (non-Pendleton)	0
O	15	Tried everything but nothing worked.	1

A treatment program is considered successful if the objectives determined jointly by the Pendleton treatment agent and the parent and/or teacher are met such that (1) the child is able to function acceptably in his natural environment (i.e., home and school), and (2) the parent or teacher has been taught procedures for managing the child constructively. Treatment data collected by parents and teachers, their verbal reports, and the treatment agent's opinion of treatment progress determine when the two criterion are satisfied.

$$\text{Success rate} = \frac{A}{A+C+D+E+M+N+O} =$$

$$\frac{244}{244+54+7+13+3+0+1} = \frac{244}{322} = 75\%$$

Subsamples: For those cases that were terminated after participating only in the summer, 1974 day care program and the residential treatment program, the success rates are calculated below:

$$\text{Summer, 1974 Day Care Program} = \frac{A}{A+C+D+E+M+N+O} =$$

$$\frac{4}{4+4+0+0+0+0} = \frac{4}{8} = 50\%$$

$$\text{Residential Treatment Program} = \frac{A}{A+C+D+E+M+N+O} =$$

$$\frac{47}{47+7+0+0+0+1+0} = \frac{47}{55} = 85\%$$

TREATMENT EFFECTIVENESS

Population All Cases	Termination Success Rate	Followup Percent of Children Behaving Acceptably during Followup 1 mo.	5 mos.	12 mos.
N=487	75%	66%	57%	57%

I. Project Service Team (PST)

A. Treatment Effectiveness Measures on Outclients

1. Success rate on the basis of termination data: 75%

2. Reduction rate of target behaviors frequencies:

a. Mean frequency of target behavior on baseline period: 2.33 per day. Mean frequency of target behavior in the last week of treatment per day: .548.

b. Statistical significance of mean behavior frequency change t=8.7 significant beyond $p < .0001$. t .001=3.09.

B. Descriptive Measures of Target Behaviors of Outclients

TABLE IV-2

1. Sample subjects (N=91) with complete behavior frequency data collected during 9/9/74 - 5/24/76.

	Target Behavior Areas	%	cp
I.	Aggression: physical aggressions, fighting, destruction	17.9	17.9
II.	Defiance: backtalk, tantrums, defies authority	20.1	38.0
III.	Interpersonal Relations: attention seeking constantly	2.7	40.7
IV.	Self-control: blurts out, out of seat, off task	15.6	56.3
V.	Honesty: stealing, lying	19.6	75.9
VI.	Maturity: inability to accept responsibility	5.0	80.9
VII.	Academic performance related behaviors: incomplete work, not following directions	9.0	89.9
VIII.	Others: poor health habits, bedwetting	10.1	100.00

II. Residential Treatment Team (RTT)

A. Total number of inclients: N=94 (10/74 - 6/76)

Virginia Beach children: N=47 (21.2% black
78.8% white)

Chesapeake children: N=47 (48% black
52% white)

Overall racial ratio across cities: 33% black
65% white

Age=6 to 12 ($\bar{X}$=9.8) Children with age 10, 11, 12 = 65%

Treatment days = 39.4 days (approximately 8 weeks)

B. Last six months' caseload: N=23

Virginia Beach children = 11

Chesapeake children = 12

Black 26% - white 74% across cities

Treatment days = 42 days (about 8.4 weeks)

Academic Program

A very high proportion of children referred to the residential program have some type of learning disorder. Many terms have been used to refer to such a child, but for simplicity and to maintain a pattern of unambiguity, the Pendleton Project refers to such children as those with learning disabilities.

The residential academic program serves to increase the academic competence of each student so that one's motivation for academic learning can be internally maintained rather than depending on the teacher's reinforcement delivery system in the classroom.

The classification of the child with a learning disability enables the child to be placed adequately and facilitates a quick means of administering an academic treatment plan for the child. Below is a table depicting how referred children have been classified according to learning disabilities.

TABLE IV-3 Learning Disability Classification of the Residential Children

Deviation from Actual Grade Placement	f	cf	%	cp	Classification
-2.0 to -5.2 Referred as L.D.	34 (26+8*=34)	34	41	41	Severe L.D.
-1.1 to -1.9	22	56	26	67	Moderate L.D.
-.2 to -1.0	18	74	21	88	Underachievement-mild L.D.
0.0 to +1.5	10	84	12	100	Average functioning or above

N = 84
13 Summer Day Care (pre-testing not done)
* L.D. placement before entry to residence (N=8)
N = 97

In reference to Table IV-3, accumulative percentages reflect that 88% of children referred to Pendleton's residential program range from underachieving to having severe learning disabilities. Figure 1 reflects achievement levels in proportion.

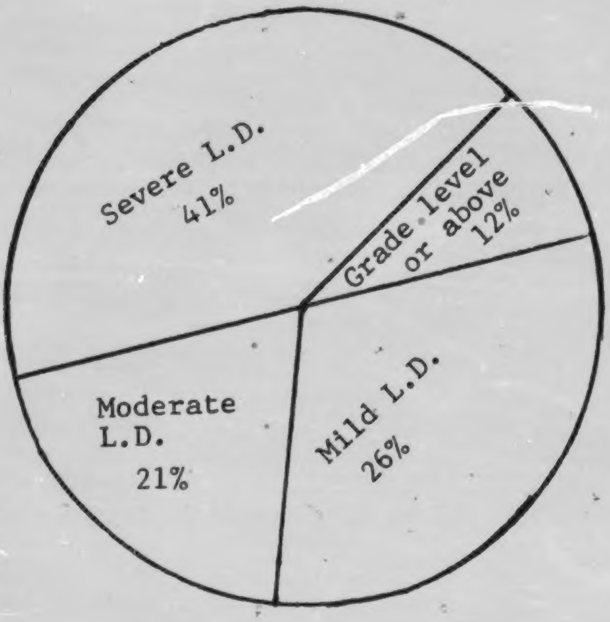


Figure 1

Career Awareness Program

Many children develop antisocial habits because they believe that the opportunities for the "good life" are closed to them. The Career Awareness Program is designed to correct this misperception.

The program is divided into three levels: orientation, exploration and mastery levels. The individual can move from one level to another by demonstrating competence in the level in which he is functioning. Each level emphasizes tasks geared toward grade level.

> Level 1 Orientation. The content areas are geared toward kindergarten to grade two. In addition, the student is introduced to various careers in his immediate environment, and the parents are involved in various planned activities. The student learns about work activities of members of his household and community helpers who serve him.
>
> Family role models include: mother, father, and immediate family members.
>
> Community role models include: mailman, milkman, doctor, nurse, dentist, grocer, principal, teacher, barber, beautician, etc.
>
> Level II Exploration. The content areas are geared toward grade three to grade four. This level attempts to provide the child contact with various career situations in order to encourage him to explore career opportunities and gain some knowledge concerning the world of work. Work at the community level is expanded and work at the state level is introduced.
>
> Models emphasizing shelter delivery: electrician, plumber, janitor, construction worker, brick layer, etc.
>
> Models emphasizing protection delivery: policeman, lawyer, fireman, dog catcher, traffic person, etc.
>
> Models emphasizing transportation delivery: cab driver, airplane pilot, bus driver, chauffeur, airline stewardess, gas station attendant, auto repairman, auto body repairman, etc.
>
> Level III Mastery. The content areas are geared toward grades five and six. This level allows the child to express his own ideas about career awareness, and it serves as an evaluative means of assessing how much learning has been gained as a result of instructions in the previous levels. This is an independent oriented level which allows each child to work at his own rate

of competence. The scope of the curriculum content broadens to cover industrial life and major industries of the United States. The program is further expanded to include the Western Hemisphere.

> Models emphasizing communication delivery: postman, printer television announcer, photo journalist, etc.
>
> Models emphasizing business delivery: banker, sales clerk, secretary, accountant, advertising agent, executive, office manager, store buyer, etc.

Entry levels of the children will be measured by the _Comprehensive Career Assessment Scale_ (Jackson, 1974). Outcomes will be measured at each level by a variety of evaluation procedures and clinical observations.

Social Competence Program

Social Competence Development Program is composed of five instructional units designed to increase and reinforce positive elements of social development. These units are: social skills class, good news board, affective learning class, relaxation and desensitization therapy, and academic tutoring. The Social Competence Development Program conforms to the general guidelines of the Pendleton Project behavior management program. It seeks to increase self-awareness, to encourage a healthy self-image, and to replace undesirable behaviors with more socially acceptable means of communication (Goldiamond,1974).

Social Skills Class. Social skills class is conducted for a half hour, four evenings per week with every resident participating. The objectives of the class are as follows:

(1) to help residents develop an awareness of communication needs,
(2) to help residents develop positive attitudes toward communication,
(3) to help residents develop an awareness of a variety of acceptable communication skills,
(4) to help residents discriminate between acceptable and unacceptable communication skills,
(5) to allow residents practice in using communication skills to solve problems.

The curriculum of the classes is based on a developmental hierarchy with each resident progressing at his own rate of skill acquisition and proficiency. The five stages of the curriculum are as follows:

I. Listening: ability to use eye contact when listening and speaking and to respond to direct questioning.

II. Sequencing and Ordering: ability to place things and events in proper order to realize a total act may consist of a series of smaller acts.

III. Voice Tone: ability to use voice tone appropriate to the situation.

IV. Selection and Storage: ability to focus attention on and remember relevant cues for task completion.

V. Anticipatory Response: ability to create and evaluate alternatives in terms of probable outcome.

VI. Problem Solving: ability to use six sequential steps in solving conflict. (Fagen and Long, 1976)

Methods used in class include discussion modeling by use of a tape recorder, drills, and role playing.

Evaluation of social skills class is done daily for each individual. Ratings are recorded on a grid based on Bloom's Taxonomy of the Affective Domain (Klausmeier and Goodwin, 1961). The evaluation sheet code is as follows:

Social Skills - Evaluation Sheet Code

	Listening I	Sequencing & Ordering II	Voice Tone III	Selection & Storage IV	Anticipatory Response V	Problem Solving VI
1. Receiving						
2. Responding						
3. Valuing						
4. Organizing						
5. Characterization						

STEPS

1. Receiving: Shows awareness of skill.
2. Responding: Shows willingness and satisfaction in demonstrating skill.
3. Valuing: Accepts and is committed to skill goals.
4. Organizing: Takes responsibility for and plans uses for skills.
5. Characterization: Uses skills automatically as a part of his behavior.

While the general Pendleton Project focus is on eliminating undesirable target behaviors, the evening program specifically aims to teach acceptable behavior which is intended to replace the aggressive and maladaptive behaviors. The program provides an environment for practicing or rehearsing these skills which may increase the probability of their use in other environments (Kevin B. McGovern, et. al., 1975).

Good News Board: Another unit of the evening program which also focuses on positive elements is the Good News Board. Following the evening meal, each resident generates an item of good news which is written on a chalkboard. A resident's news must be about someone or something other than himself. A vote is taken to select the best news of the day, and the contributor of that news is line leader for the evening.

The objective of the Good News Board is to place emphasis on positive rather than negative happenings. This encourages a resident not only to look for and remember positive events but also demands he look for these in relationship to others, not himself. The Good News Board also allows residents to hear positive statements about himself from his peers as well as from staff members (DeJarnette Center for Human Development).

Affective Learning Class: The Affective Learning Class is conducted for a half hour four evenings per week with every resident participating. The objectives of the class are as follows:

1. to help residents develop an awareness of feelings and personal concerns,
2. to lead residents toward an understanding of himself and others,
3. to help residents vocalize and act upon personal concerns to achieve a productive outcome.

The Affective Learning group combines four distinct topics toward a goal of providing effective moral decision-making skills. These are outlined below:

I. Goal Setting: On-going activity throughout residency allows the individual to identify goals which may serve to correct an inappropriate behavior. The resident rates his own performance at the completion of each weekend. This activity serves as a stimulus for parents to encourage and reinforce a specified goal, focusing attention on the child's efforts toward completing chosen tasks.

II. Responding: Through a series of exercises, the resident assimilates how he responds to himself, to others, and his environment. Personal experiences provide impetus for selecting alternative and more socially acceptable responses for unpleasant or stress-attached situations.

III. Home and School Communication: The child assumes responsibility for initiating positive and relevant communication with his parents and teachers. Use of role-playing and peer group discussion is a primary tool here and evaluation of the resident's progress is monitored via the goal setting activity.

IV. Problem Solving: Emphasis is placed on seeing both sides of a problem and identifying solutions which will serve to amend or reduce the problem. Self-control and patience is emphasized in this activity. Day-to-day incidents are re-enacted to achieve reality and allow opportunity for insight learning. These objectives are achieved through group discussion, interaction, and role playing.

The Affective Learning Class consists of sessions concerning moral decision making. According to Kolberg (1971), the development of moral judgment occurs in a hierarchical structure consisting of six stages. Each stage is more difficult to comprehend than the previous one, therefore, Kolberg (1971) states that "moral education should not be aimed at teaching some specific set of morals but should be concerned with developing the organizational structures by which one analyzes, interprets, and makes decisions about social problems."

From this premise, the moral decision making sessions are developed by the Residential Treatment Team. The main objectives of the sessions are:

1. to establish the level development of each child in residency,
2. to introduce situations and variables that encourage moral decision making,
3. to provoke discussion concerning the premise of each decision,
4. to introduce possible alternatives related to the stage developmental hierarchy.

The composite of objectives is aimed at stimulating the development of vertical and horizontal growth in the moral decision making stages.

Systematic Desensitization: Within the curriculum design for the Social Competence Development Program, a series of group relaxation training sessions is prepared for particular individuals who need to learn more extensive concentration in order to control anxiety and its resultant behaviors.

Systematic desensitization was formally developed by Joseph Wolpe (1958) as a psychotherapeutic procedure for the treatment of certain persistent and learned maladaptive behaviors (situations: specific anxieties, fears, phobias).

The treatment process involves confronting the client with actual or symbolic representations of events which inappropriately produce anxiety while the client performs a relaxation behavior which is incompatible with anxiety. This procedure is based on the principle of reciprocol inhibition.

At the Pendleton residential treatment unit, systematic desensitization technique is considered a self-control training tool for the reduction of anxiety. Mastery of this training will facilitate self-control in a variety of anxiety provoking situations outside of the residential unit (Goldfried, 1971).

The results of desensitization techniques may be regarded as somewhat subjective. However, effectiveness may be measured objectively by biofeedback systems (EMG).

The biofeedback training program starting from January, 1976, will enable the therapist to electronically monitor an individual's physiological processes and make these findings immediately known to the subject by means of external stimulus such as tone (auditory) and signal (visual) responses.

Application of this training can be a valuable clinical tool for learning self-control by allowing the child to acquaint himself with those physical reactions to stress for which he formerly believed he had little or no control over.

As soon as a resident is identified as one who has chronic anxiety, a feedback-induced muscle relaxation procedure through EMG is applied which is accompanied by individual counseling.

Since the individual relaxation training program was at an exploratory stage, any conclusive findings cannot be made available at this time point.

Also, the group relaxation procedure was explored, but it was not implemented in a systematic manner as reflected in the research design as follows. Future reports will present these results.

Research Design for Relaxation Training

1. To identify all possible number of residents who need relaxation training through (1) personal interview (2) behavioral observation (3) Piers Harris Self Concept (Anxiety Subscale), and (4) EMG feedback.

2. To keep a pre-test/post-test control group design in mind that randomly assigns and identifies subject to either experimental or control group which is equivalent to no treatment group.

$$\begin{array}{cccc} R & O_1 & X & O_2 \\ R & O_1 & & O_2 \end{array}$$

3. When selecting subjects for experimental and control group, the experimenter excludes residents who have shown extremely high levels of anxiety or who are under medication during the residency.

4. Group relaxation training procedure:

    a. To provide a muscle relaxation procedure for the treatment group before bedtime, four times a week for four weeks (4x4=16 group sessions).

    b. To provide the same relaxation procedure for the control group (no treatment group so-called resent group) after a four week long waiting period.

Program Evaluation: In addition to the extensive observation, monitoring and recording of residents' behavior throughout the residential treatment unit, the Social Competence Development Program utilizes checklists, Piers Harris Children's Self Concept Scale (Piers Harris, 1969), and class ratings to evaluate progress.

The Piers Harris Children's Self Concept Scale is administered to a child before residency. The six factor clusters (1) behavior (2) intellectual and school status (3) physical appearance and attributes (4) anxiety (5) popularity (6) happiness and satisfaction are used both in planning individual treatment in the evening program and in determining success within the program upon completion of residential intervention.

Treatment Effectiveness Measures on Residential Children

a. Success rate on the basis of termination data: 85%

b. Self-concept change N=27 children (1/76-6/76)

TABLE IV-4 Piers Harris Children's Self Concept Scale Pre/Post Measures on the Residential Children (N=27)

	Pre-test		Post-test			p (one-tailed)
Area	M	SD	M	SD	t	
Total score	49.5	11.7	64.5	11.3	6.68	<.001
FI: Behavior	10.2	3.0	14.3	3.6	7.92	<.001
FII: Intellectual and school status	11.3	3.6	14.5	3.7	3.9	<.001
FIII: Physical appearance and attributions	7.9	3.6	9.9	2.0	2.5	<.01
FIV: Anxiety	7.8	2.6	9.0	2.9	2.3	<.025
FV: Popularity	7.5	2.2	9.5	2.0	3.94	<.001
FVI: Happiness	5.9	2.2	7.9	1.8	5.7	<.001

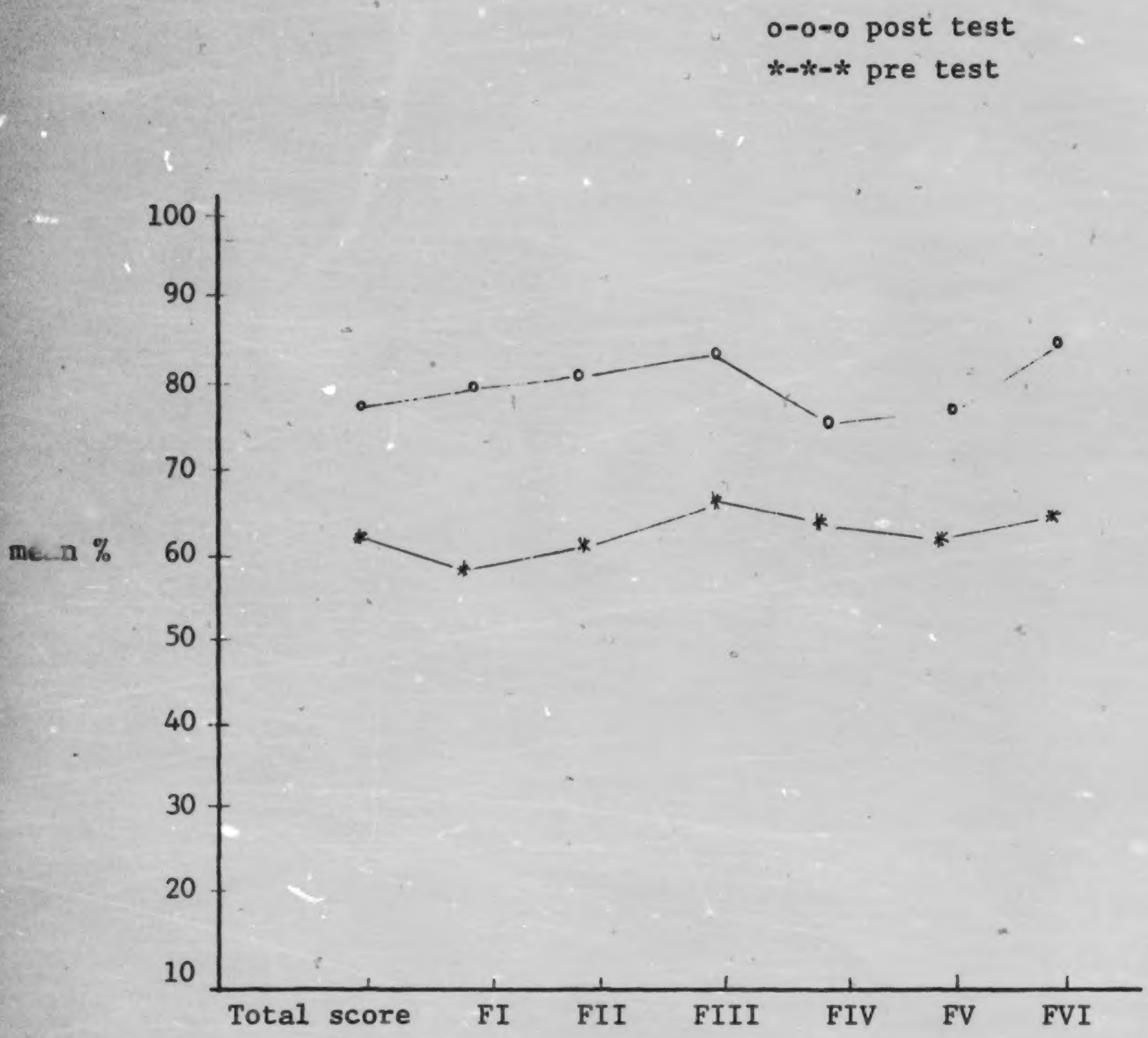


Figure 2

Piers Harris Self Concept Pre and Post measures of Pendleton residential children

In reference with Table IV and Figure 2 change scores on total and subscales measures of the self-concept test indicated that there were statistically significant differences in favor of the residential treatment effectiveness.

Anxiety reduction was also statistically significant; however, it showed a minimal change in comparison with changes in the other areas of self-concept. It indicates that the residential treatment program for self-concept change should give special attention for reducing anxiety among residents. Biofeedback (EMG) indiced relaxation and desensitization training should be emphasized.

Treatment Procedures, Mini Research Programs

During the current grant year, "fourteen mini research" projects are being conducted. At present, four of these "mini research" projects were completed by the Project Services Team in order to experimentally demonstrate the effectiveness of certain treatment procedures discovered during our first two years of operation. These four projects are described briefly below:

Classroom Management by Means of Daily Feedback to Parents and Home Based Contingencies. Experimenter (E) Raymond Bloomer

Earlier studies with pre-delinquent adolescents in a structured group home setting (Bailey, Wolf, & Phillips, 1970) indicated that classroom target behaviors can be brought under control by the use of home-based reinforcement. The following study investigates effectiveness of daily feedback and a home-based contingency procedure in the management of classroom behaviors.

Method

Research Design

The intensive study of single subject (Thoresen, 1973) provided the basis for the design of this research. The procedure is being replicated with five subjects. The design sequence is $A_1B_1A_2B_2$, that is baseline-intervention-return to baseline conditions-intervention. Baseline (A_1) observations are conducted for one week with a minimal reliability criterion of 85% on a single day between teacher and E observations of the target behaviors. The 85% criterion is a prerequisite to moving into the first intervention phase (B_1). The criterion for moving from the first intervention phase (B_1) back to baseline conditions (A_2) is two successive weeks in which S earned his weekend bonus. If S's behavior is rated as "poor" on two out of three consecutive days during A_2, then the second intervention phase (B_2) is implemented. Phase B_2 is maintained for a minimum of eight weeks.

In addition to the change in the frequency of the target behaviors during the various baseline and intervention, the effectiveness of the intervention is evaluated by trend analysis (Thoresen, 1972) and by pre and post measures on the Pendleton Project Teacher Behavior Rating Scale and the Piers-Harris Self-Concept Scale.

Subjects

The subjects are five clients deemed to be appropriate to the population of the Pendleton Project, ages 6-12. These children are those who have school and home behavior problems. These problems are manifested in the form of fighting, not following directions, off-task, lying, stealing, etc. One criterion for subjects will be to exhibit at least one behavior equal to the severity of that of a predelinquent child. In addition, parents must have control over subject in the home environment, (i.e., ability to follow through with contingencies).

Setting

This research is carried out during the regular school year with the children being in their natural home and school environment.

Intervention Procedure

The only home intervention before the implementation of the "home note" will be routine investigatory procedures to inform parents of what the Pendleton Project has to offer and to determine what the parents may be expecting from the Pendleton Project. In the school, pre-implementation orientation will define teacher expectations of the Project and, generally, what the Project expects of the teacher.

The "home note" system is designed to provide daily feedback to parents regarding their child's classroom behavior and academic performance during the school day. The child brings a note from home and is rated on each target behavior by each teacher at the end of the class period. It is the responsibility of the child to have the teacher rate and initial the note. The notes are brought home to the parents and the daily privileges are earned or lost contingent on the teacher's ratings of S's performance. If the child loses or does not bring home the note, he loses all privileges.

The child signs an agreement with the parents that tells him what he is to earn for appropriate ratings and what he is to lose for inappropriate ratings. These were individually determined by the child and parents and may include daily, midweek, and/or weekend activities and privileges.

E will maintain phone contact with parents during intervention (B_1 and B_2) and second baseline (A_2) phases in order to assure that appropriate contingencies are being consistently applied.

Observation Procedure

Three target behaviors identified by each teacher are included in the "home note" system. Because of the design of this "home note" system, it is probable that each child will be rated on academic achievement as well as two other behaviors which are within each child's repertoire.

The teachers are instructed to rate the children in the three different categories with "good," "average," or "poor." The criterion for each rating is determined by a fraction of the baseline data. Reducing inappropriate behavior by 75% of baseline frequency earns a "good" rating. Reducing inappropriate behavior by 50% of baseline frequency earns an "average" rating; less than 50% reduction earns a "poor" rating. For example, in the behavior category of "out-of-seat" behavior, the baseline indicates twenty times per day. To receive a "good" rating, S must reduce from twenty times per day to 75% of that figure which is five times per day "out-of-seat." To receive an "average" rating, S must not be "out-of-seat" any more than 50% of the baseline frequency which is ten times per day.

If S has only one teacher, then he is rated by her at the end of each class period. If S has more than one teacher, the rating will be done on separate "home notes" for each teacher at the end of the teacher's class period.

Observations are done by teachers with intermittant observations by E for reliability comparisons. These observations are done at one hour intervals during the baseline week. The home note intervention is implemented after there is 85% reliability between teacher and E's frequency count of the target behaviors. Thereafter, E will observe one hour per week during each phase of the study.

Results and Discussion

Timmy

Timmy is an eleven year old white male who is the third born of four children, two brothers and one sister. His father is a building contractor and his mother is a housewife. Timmy is a fifth grade student with an I.Q. of 97 on the Kuhlman-Anderson. In November of 1974, these scores were recorded on the Metropolitan Achievement Tests: Actual Grade Placement - 4.1; Reading - 3.1; Language Arts - 2.9; Mathematics - 2.8; Social Studies - 2.2; Science - 3.7; Sources - 2.1.

At the time of referral (September 22, 1975), the target behaviors noted by the school teachers were physical aggression, destructive, and out-of-seat.

As is apparent from Figure 3, out-of-seat behavior decreased from phase A_1 (Baseline) at 4.1 per day to phase B_1 (Home Note) 0.09 per day and then increased to 2.7 per day when the home note condition was dropped (phase A_2) and then decreased to 0.57 when the Home Note procedure (B_2) was reimplemented. A similar change occurred with the other target behaviors:

	A_1	B_1	A_2	B_2
2. Destructive behavior	$\bar{X}$=.71/ day	$\bar{X}$=0.09/ day	$\bar{X}$=0.09/ day	$\bar{X}$=.00/ day
3. Physical aggression	$\bar{X}$=0.57/ day	$\bar{X}$=.00/ day	$\bar{X}$=0.89/ day	$\bar{X}$=0.13/ day

One month follow-up reveals that Timmy continues to function well in the classroom.

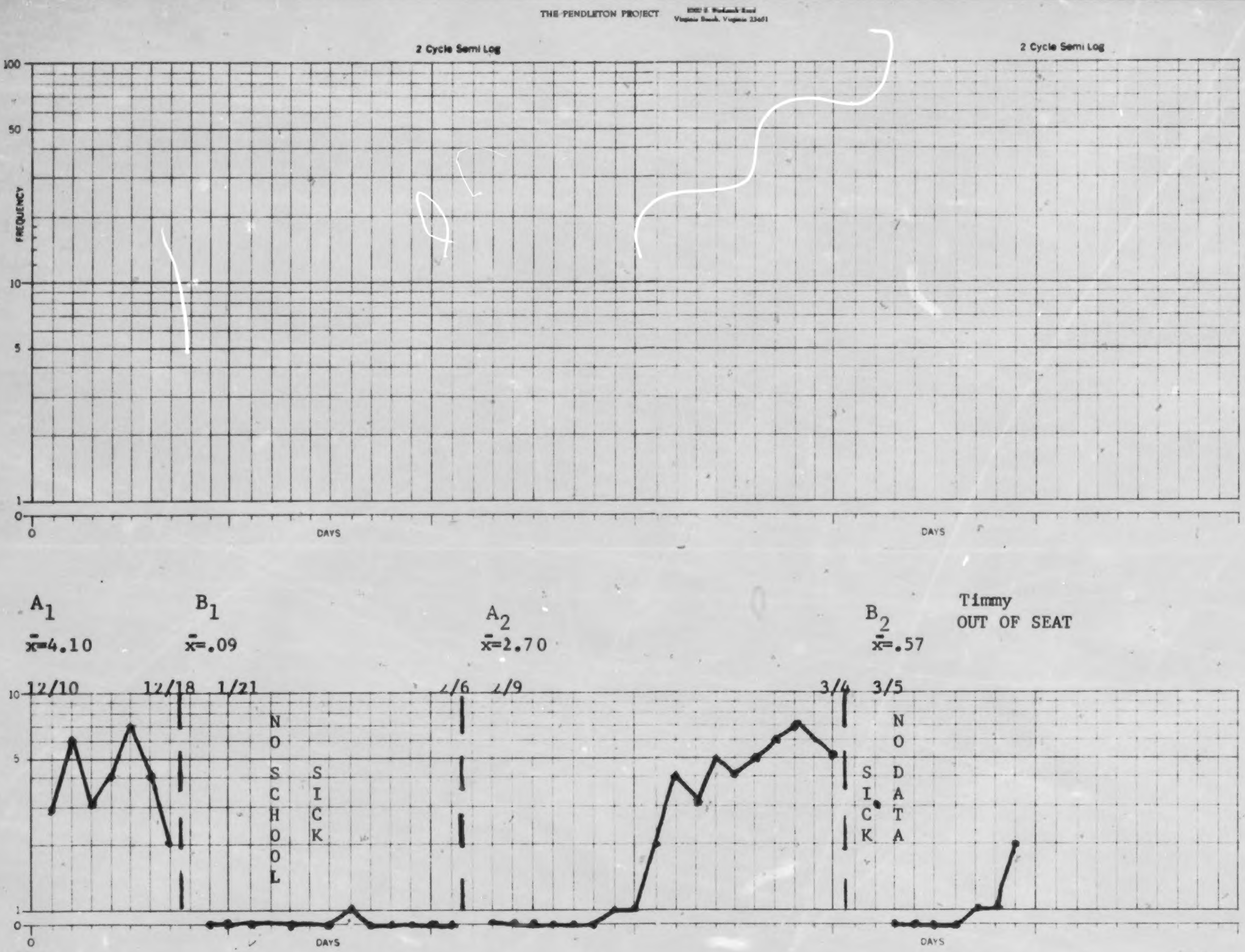

THE PENDLETON PROJECT
2 Cycle Semi Log
2 Cycle Semi Log
FREQUENCY
100
50
10
5
1
0
DAYS
DAYS
A1
x̄=4.10
B1
x̄=.09
A2
x̄=2.70
B2
x̄=.57
Timmy
OUT OF SEAT
12/10
12/18
1/21
2/6
2/9
3/4
3/5
NO SCHOOL
SICK
SICK
NO DATA
10
5
1
0
0
DAYS
DAYS

Figure 3

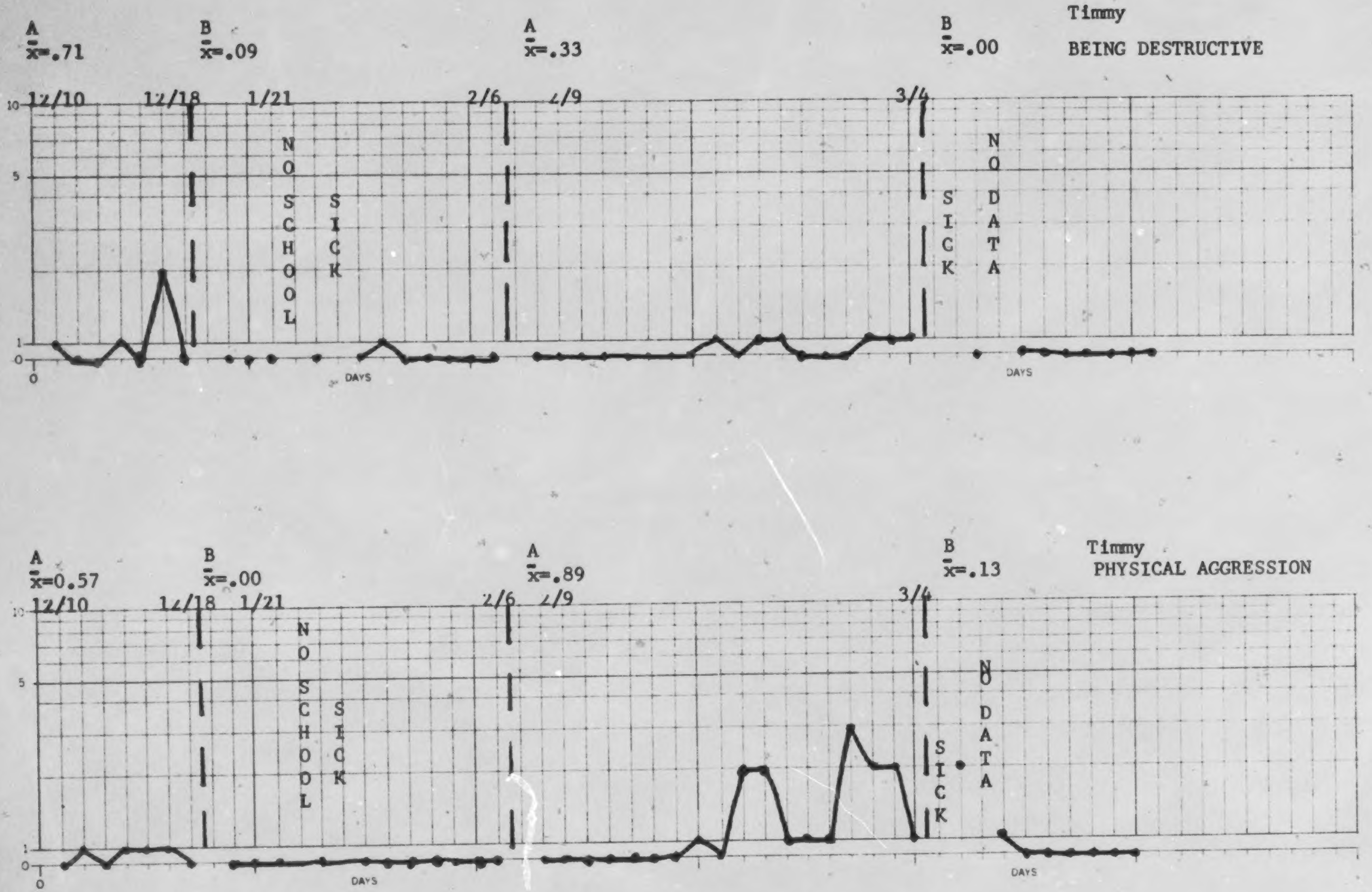

Timmy
BEING DESTRUCTIVE
A
$\bar{x}$=.71
B
$\bar{x}$=.09
A
$\bar{x}$=.33
B
$\bar{x}$=.00
12/10
12/18
1/21
2/6
2/9
3/4
10
5
1
0
0
NO SCHOOL
SICK
SICK
NO DATA
DAYS
DAYS
Timmy
PHYSICAL AGGRESSION
A
$\bar{x}$=0.57
B
$\bar{x}$=.00
A
$\bar{x}$=.89
B
$\bar{x}$=.13
12/10
12/18
1/21
2/6
2/9
3/4
10
5
1
0
0
NO SCHOOL
SICK
SICK
NO DATA
DAYS
DAYS

Figure 4

Kevin

Kevin is a ten year old white male who is the third born of four children. His father is an officer in the Navy and his mother is a secretary. Kevin is a fifth grade student who had just recently moved into the area. He was referred by his teacher in February, 1976 because of fighting, verbal abuse of others, and not following directions. There was no I.Q. or achievement data available.

The specific target behaviors were physical aggression, verbal abuse, and not following directions. Kevin received "good" ratings for zero occurrences of the target behavior, "average" ratings for one occurrence, and "poor" ratings for two or more occurrences.

The data collected by his two teachers is presented in Figure 5.

The data is summarized below:

Behavior	Baseline A_1	Home Note B_1	Baseline A_2	Home Note B_2
Physical Aggression	0.8/day	0.3/day	0.0/day	0.0/day
Verbal Abuse	1.2/day	0.7/day	0.0/day	0.0/day
Not following directions	1.4/day	1.2/day	1.6/day	0.3/day

Although the frequency of occurrence of the target behaviors was not high, it is apparent that they came under the control of the Home Note procedure.

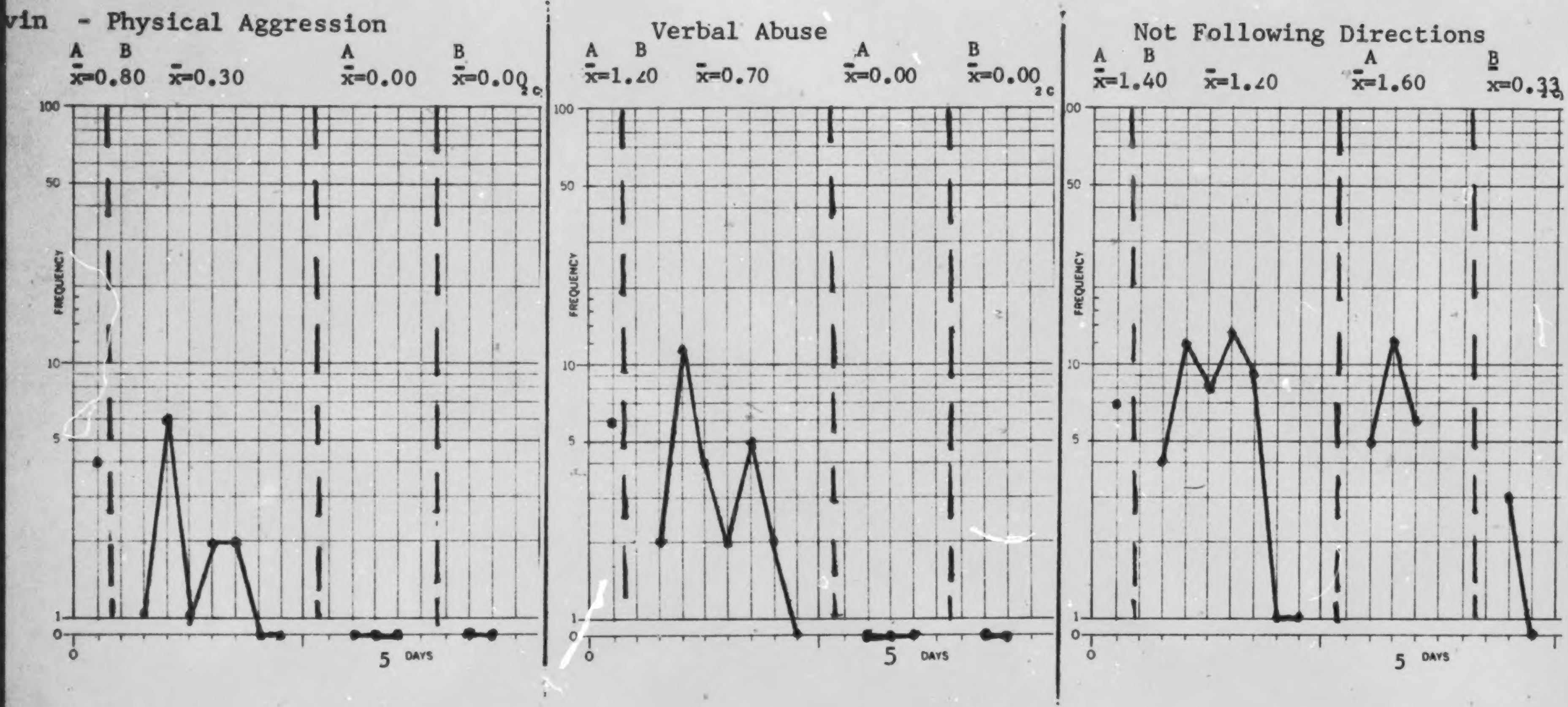

vin - Physical Aggression
A B
x̄=0.80 x̄=0.30
A
x̄=0.00
B
x̄=0.00
Verbal Abuse
A B
x̄=1.20 x̄=0.70
A
x̄=0.00
B
x̄=0.00
Not Following Directions
A B
x̄=1.40 x̄=1.20
A
x̄=1.60
B
x̄=0.33
100
50
10
5
1
0
FREQUENCY
0
5
DAYS

Figure 5

Chris

Chris is a nine year old male who is the first born of two children. Chris' stepfather is a professional salesman and his mother is a housewife. Chris' specific reasons for being referred were backtalking, blurting out, fighting, disobedience, and lying. He has been labeled as learning disabled and hyperactive and is on medication for the latter. He is presently in a school for the severely learning disabled.

On the Wechsler Intelligence Scale for Children (W.I.S.C.), Chris received a Total I.Q. of 99, Verbal I.Q. of 90, and Performance I.Q. of 110.

Achievement scores recorded on the Peabody Individual Achievement Test (P.I.A.T.) in September of 1975, were as follows:

Reading Recognition	1.3 grade level equivalent
Spelling	1.7 grade level equivalent
General Information	1.9 grade level equivalent
Math	2.3 grade level equivalent
Total Test	1.1 grade level equivalent

The specific target behaviors were talking out, not following directions, and out-of-seat. Employing the Home Note procedure with his only teacher, the specific criteria for his daily ratings were as follows:

Behavior	Good	Average	Poor
Out-of-seat	1/day	2/day	3 or more/day
Talking out	2/day	3/day	4 or more/day
Not following directions	2/day	3/day	4 or more/day

Chris was considered to have had a good day if all his ratings were average or above. Each poor rating resulted in the loss of a daily privilege (i.e., television, going outside, etc.) at home. Four of five good days earned Kevin a weekend bonus which he could chose each week.

Analysis of Figures 6 and 7 reveal the following data:

Behavior	Baseline A_1	Home Note B_1	Baseline A_2
Out-of-seat	4.50/day	0.11/day	0.00/day
Talking out	5.30/day	0.29/day	0.13/day
Not following directions	7.80/day	0.26/day	0.13/day

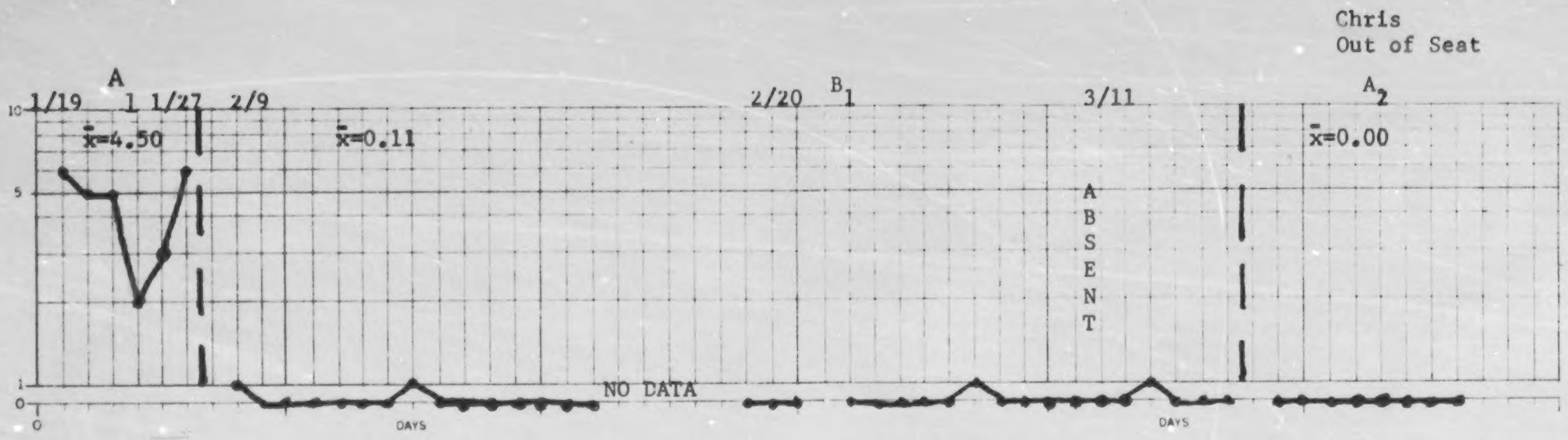
Since the behaviors did not increase during the second baseline, phase (A_2), the B_2 phase was not implemented.

One month follow-up on Chris reveals that he continued to function well in school.

Collateral data which supports the observed behavior change is evident in the scores on the Piers-Harris Self-Concept Scale which was administered eight weeks after B_1 was implemented.

	Pre Pendleton	Post Pendleton	Difference
Chris	37	55	+ 18
Timmy	48	63	+ 15
Troy	53	68	+ 15
Kevin	31	23	- 08
	169	209	
	$\bar{x} = 42.3$	$\bar{x} = 52.3$	

Three of the four students increased in their self-concept scores between the pre and post test. As a group, the mean score increased ten points, indicating a considerable increase on the children's self-concept.


Chris
Out of Seat
A
1/19
1
1/27
2/9
2/20
B1
3/11
A2
x̄=4.50
x̄=0.11
x̄=0.00
ABSENT
NO DATA
10
5
1
0
0
DAYS
DAYS

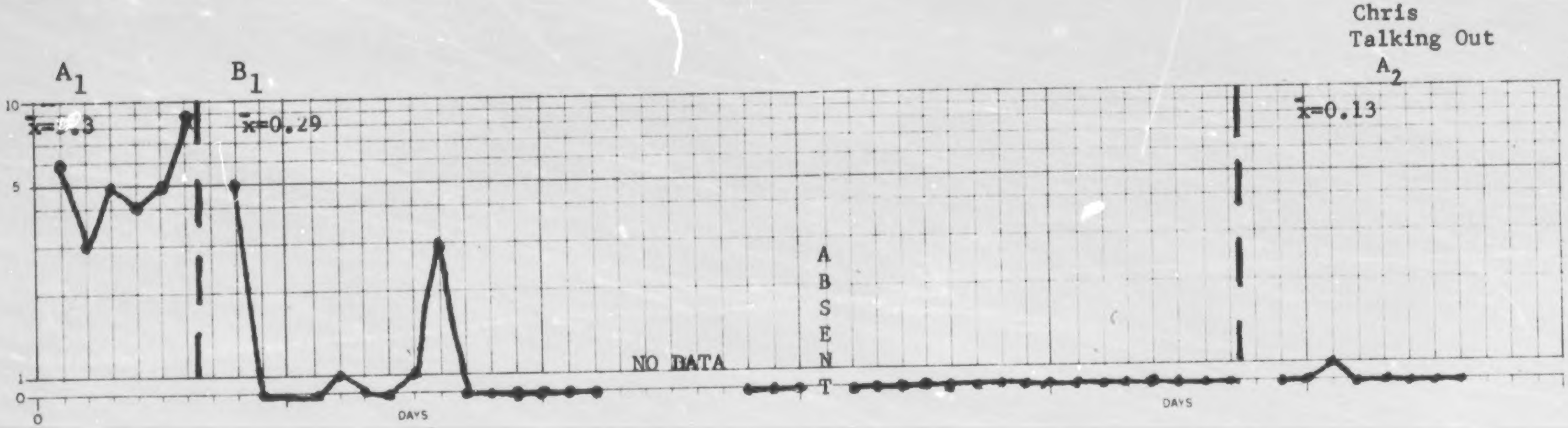

Chris
Talking Out
A1
B1
A2
x̄=[illegible].3
x̄=0.29
x̄=0.13
NO DATA
ABSENT
10
5
1
0
0
DAYS
DAYS

Figure 6

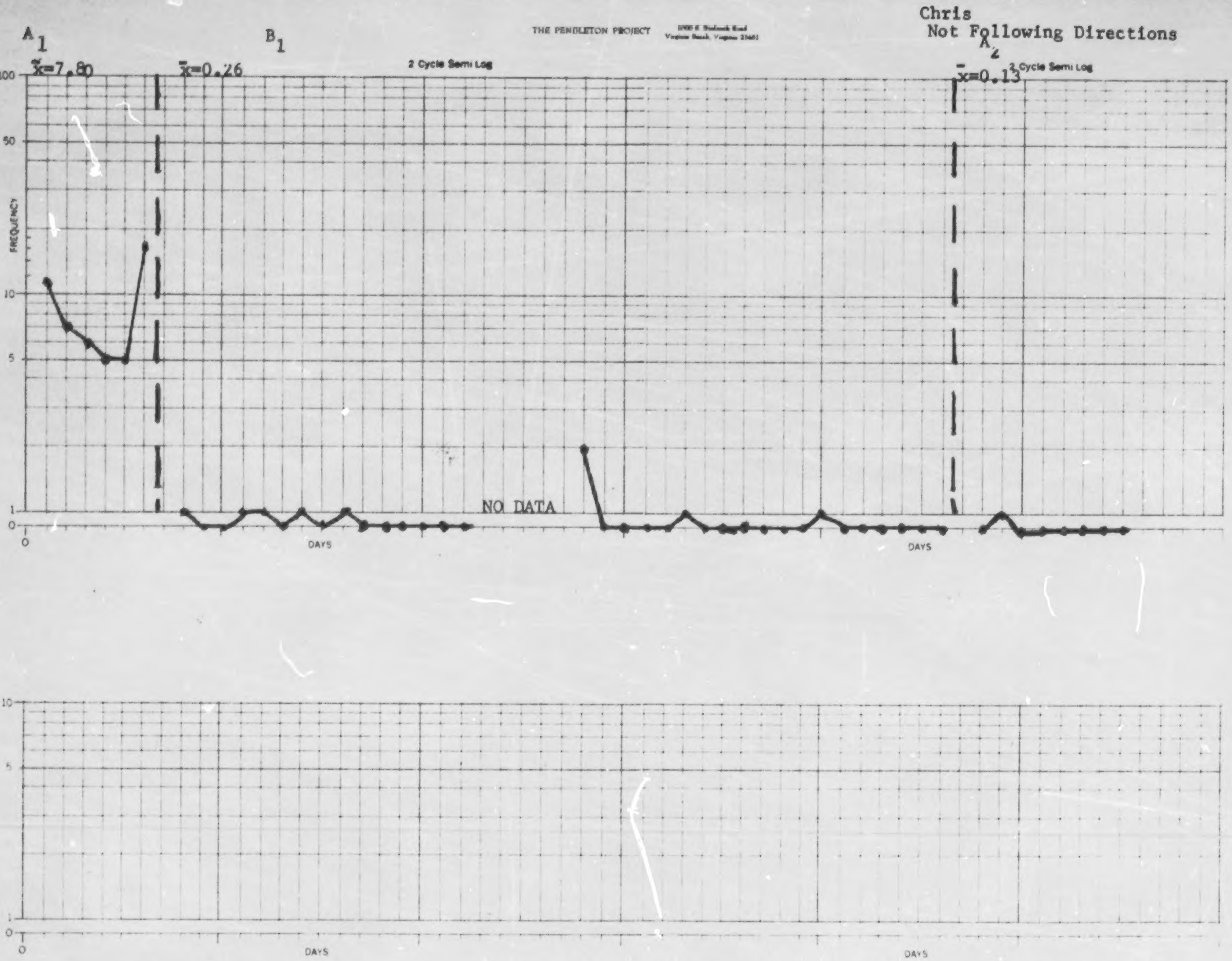

Chris
Not Following Directions
THE PENDLETON PROJECT
2 Cycle Semi Log
A_1
$\bar{x}$=7.80
B_1
$\bar{x}$=0.26
A_2
$\bar{x}$=0.13
100
50
10
5
1
0
FREQUENCY
NO DATA
DAYS
DAYS
0
10
5
1
0
DAYS
DAYS
0

Figure 7

Troy

Troy is a ten year old only child living with his natural mother and stepfather. His stepfather is an auto mechanic and his mother is a part-time school bus driver. Troy was referred in December, 1975 by his fourth grade teacher. Referring behaviors were fighting, backtalking, blurting out, and refusal to do work.

On the Kuhlman-Finch, he obtained an I.Q. of 82 and in March, 1975, he achieved the following scores on the Metropolitan Achievement Tests.

Reading	2.9	Grade equivalent
Language Arts	3.2	
Math	3.4	

Actual Grade Placement (March, 1975) - 3.7

In implementation of the home note procedure, Troy brought one note to each of his three teachers and was rated as follows:

Behavior	Poor	Average	Good	Teacher's Initials
Not following directions	Over 1	1	0	
Picking on others	Over 1	1	0	
Completion of work		75% - 99%	100%	

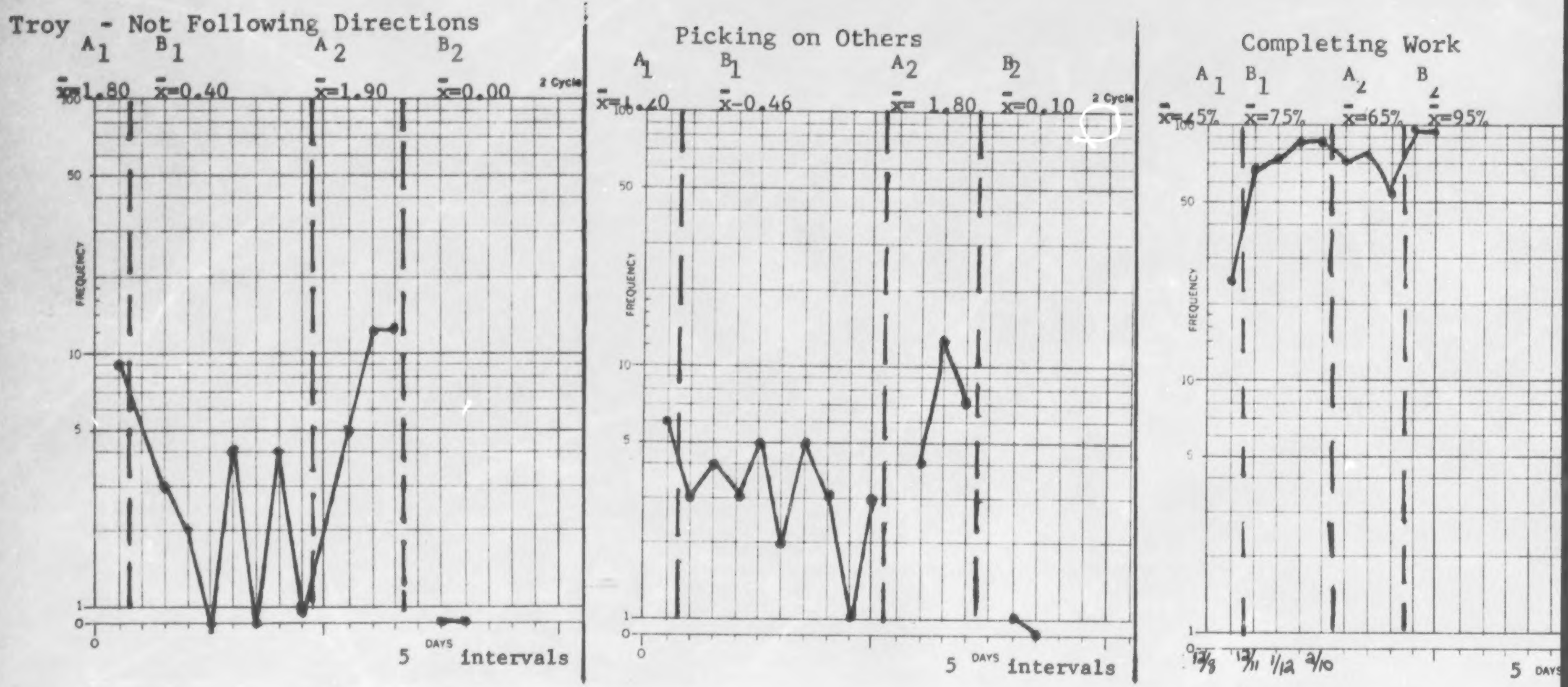
Consequences were attached to the ratings as follows:

1. No more than one poor rating per day was considered a "good" day. If all other ratings were average or above, S received his daily privileges at home.
2. More than one poor rating resulted in a loss of television privilege for that day.
3. Four out of five good days in a week resulted in a weekend bonus of being able to go with his father to shoot his B.B. gun.

Analysis of Figure 8 reveals that the frequency of the target behaviors varied as follows:

Behavior	Baseline A_1	Home Note B_1	Baseline A_2	Home Note B_2
Not following directions	1.8/day	0.4/day	1.9/day	0.0/day
Picking on others	1.2/day	0.4/day	1.8/day	0.1/day
Completion of work	25%	79%	65%	95%

This program was in effect for approximately three and one-half months and one month follow-up indicated that Troy maintained his acceptable performance in the classroom.



Troy - Not Following Directions

Picking on Others

Completing Work

Figure 8

Behavior Management in the Home by Contracting between Parent and Child

Experimenter (E) Mary Johnson

Many of the children referred to the Pendleton Project are engaged in a "power struggle" (Dreikurs, 1964) with their parents and other authority figures with respect to daily duties and responsibilities of both parties. The parent, for example, may be interested in the child carrying out assigned chores, respecting others' property, and playing cooperatively with other siblings. The child, on the other hand, is usually interested in some respect and recognition for his own capabilities, daily attention from his parents, and the opportunity to develop his social relationships with peers and adults (Muller, 1969). Behavioral contracting provides an effective method for clarifying the expectations and needs of the parties involved (DeRisi and Butz, 1975) while defining short and long range procedures for meeting each party's goal. In the case of young (6-7 years old) children and/or in situations where continued conflict has produced intense negative feelings between parent and child, it is very helpful to give immediate positive feedback for behavior that indicates progress toward the goal of the contract. This may be done in the form of a "point system" (Ayllon and Azrin, 1968) which would clarify where the child is with respect to his objective.

The Behavior Contract/Point System employed in this study is designed to (1) provide structure within the home, (2) set clear and reasonable limits for the child's behavior, (3) provide parents with an alternative disciplinary procedure for teaching their children socially acceptable behaviors. The purpose of this study is to demonstrate the effectiveness of the behavior contract/point system by changing the target behaviors of the child in the desired direction.

Method

Research Design

The design of this study is based on the intensive study of single subjects (Thoresen, 1973). The design is as follows: A-B-A-B or (A) - Baseline (B) - Intervention (A) - Return to Baseline Conditions (B) - Intervention. The object of this design is to investigate the effectiveness of the Intervention (B). The study is replicated with five subjects.

Measurement Procedures

Intervention effectiveness is evaluated by (1) analysis of the trends of the behavior charts during each phase of the study, (2) pre and post measurements on the Pendleton Project Parent Behavior Rating Scale, (3) pre and post measurement (gain score on the Piers-Harris Self-Concept Scale.

Subjects

The subjects are five clients from within the Pendleton population who are exhibiting behavior problems primarily in the home. Examples of anticipated behaviors are refusal to do as asked, tantrums, stealing, lying, and fighting with sibs.

Setting

The research will be carried out in the natural home environment. The school situation is routinely investigated before the implementation of the home point system. School personnel are informed that the child is being worked with in the home and routine research data will be collected. There will be no direct intervention in the school until the end of this experiment.

Baseline (A)

E met with the child's parents to identify target behaviors. No more than three behaviors were selected for this experiment.

Parents were instructed to take a baseline frequency count (A) on the identified behaviors for at least six days, to include one weekend. E observed on an intermittant hourly basis until there was an 85% correlation between the baseline frequencies recorded by the parents and E. The child was not informed of this procedure.

Intervention (B)

Upon attainment of acceptable baseline reliability (A), E met with the child and his parents to negotiate a contract and a point system (B).

The child may earn points in two ways: (1) increase appropriate behaviors such as chores or household responsibilities. (2) decrease inappropriate behaviors by one-half or greater of the average baseline frequency. The method for earning points depends on the target behaviors.

A contract was negotiated between the child and parents. The child may earn a pre-determined daily privilege or activity if he earns 80% of his possible points. He may earn a weekly bonus if he earns five out of seven of his daily privileges. Parents and child must agree upon privileges and activities made available and to the criteria for earning them.

Baseline (A)

When S had earned a weekend bonus for two successive weekends, the parents were encouraged to test the effectiveness of the intervention procedure by discontinuing it. Baseline conditions (A) were put into effect until such time that the behaviors return to an unacceptable frequency or approach the original baseline level.

Intervention

If the behaviors return to an unacceptable frequency, then the parents will be instructed to reinstitute intervention (B) for a period of eight weeks.

Results and Discussion

Joey

Joey is a twelve year old who was initially referred by his school principal for hitting, fighting, and inattention at school. His mother identified hitting, backtalk, lying, and tantrums as home target behaviors. Agreement was reached between E and the school that the treatment of choice should take place in the home rather than the school. Two weeks of baselining revealed backtalk, defined as any verbal defiance, sassing, inappropriate arguing, as the most frequent behavior.

Joey agreed to a contract. If he limited his backtalk to two per day, he would earn five points daily. Each occurrence in excess of two resulted in the loss of one point. He must earn all but five points per week to earn a weekly reward. (I realized after the contract was written that this would decrease his behavior by only one-third. Joey realized at the end of the first week that he had much leeway and failed to earn reward by one point). The second week we renegotiated the contract and decreased his daily limit to one incident in order to earn five points (C). Each incident of backtalk resulted in the loss of one point. The behavior immediately dropped to zero.

Removal of the contract did not result in an increase in the target behavior so there was no need to reimplement the contract. Follow-up one month later revealed that the frequency of backtalking was never more than twice per day without the contract and that Joey's mother was pleased with his behavior. The behavior was probably maintained at near zero levels as a result of Joey's desire to avoid future contracts.

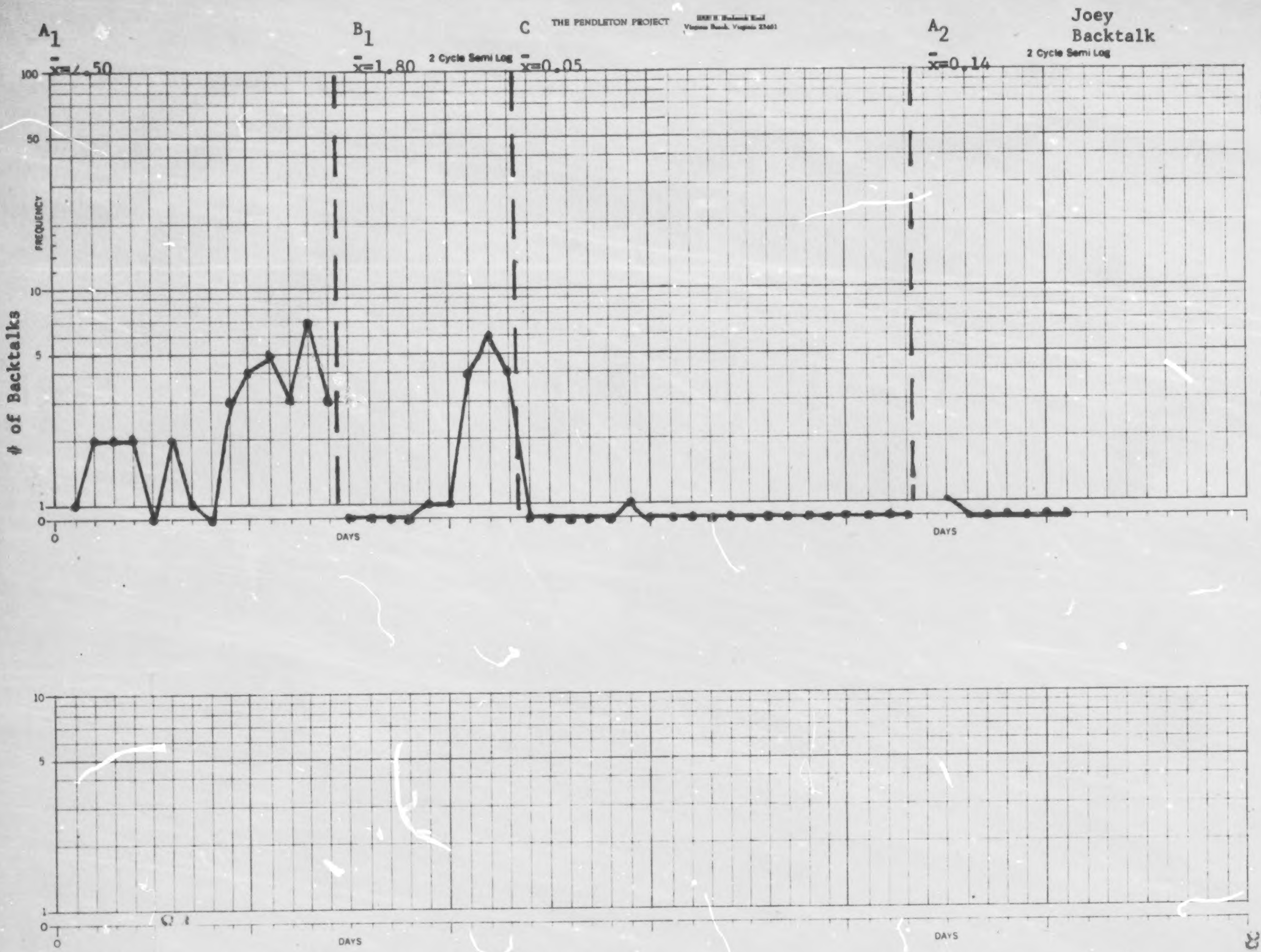

A1
$\bar{x}$=2.50
B1
$\bar{x}$=1.80
2 Cycle Semi Log
C
$\bar{x}$=0.05
THE PENDLETON PROJECT
A2
$\bar{x}$=0.14
Joey
Backtalk
2 Cycle Semi Log
100
50
FREQUENCY
10
5
1
0
# of Backtalks
0
DAYS
DAYS
10
5
1
0
0
DAYS
DAYS

Figure 9

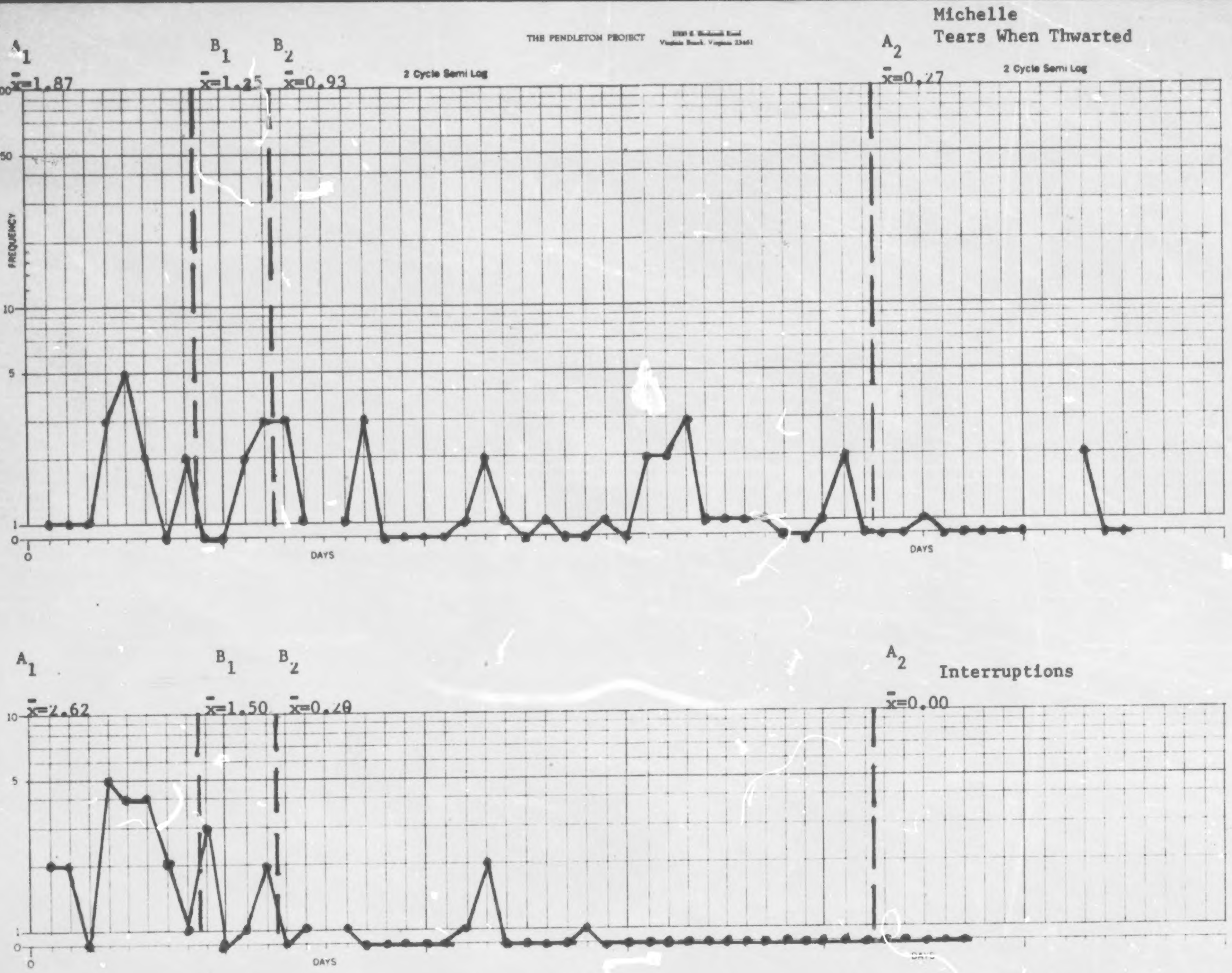
Michelle

Michelle, a very bright adopted five year old child was referred by a psychiatrist for manipulative and disruptive behavior at home. While Michelle exhibited these behaviors mostly in front of her mother, in the presence of men she behaved in a seductive manner. Mother appeared more sensitive to Michelle's behaviors. Interviews revealed that behaviors included welling up with tears when she did not get her way, annoying her two brothers, talking to herself, and interrupting for attention.

We decided to work on "tearing" and "interrupting" behaviors. Michelle agreed to a contract that would limit her tears to twice a day and interruptions to three times a day. Her reward was an extra story before bed. This constituted procedure (B_1). Procedure (B_2) reduced acceptable limits to one occurrence of tearing and two interruptions daily. The same reward was administered during procedure (B_2).

Upon return to baseline (A_2), Michelle's behavior was maintained at near zero levels for three weeks. The threat of a return to contract for "tears" reduced the behavior to zero. Interruptions were reduced to zero level during the (B_2) procedure and were maintained.

Mother was so pleased with Michelle's effort that she decided to modify "conning," defined as Michelle's attempts to set-up another person to do her bidding when forbidden by her parents. The behavior was eliminated by informing the subject that if "conning" did not cease completely, a contract would be established. Figures 10 and 11 present the data on tears when thwarted, interrupting, and conning behavior. The data is summarized on the following page.



Michelle
Tears When Thwarted

Interruptions

Figure 10

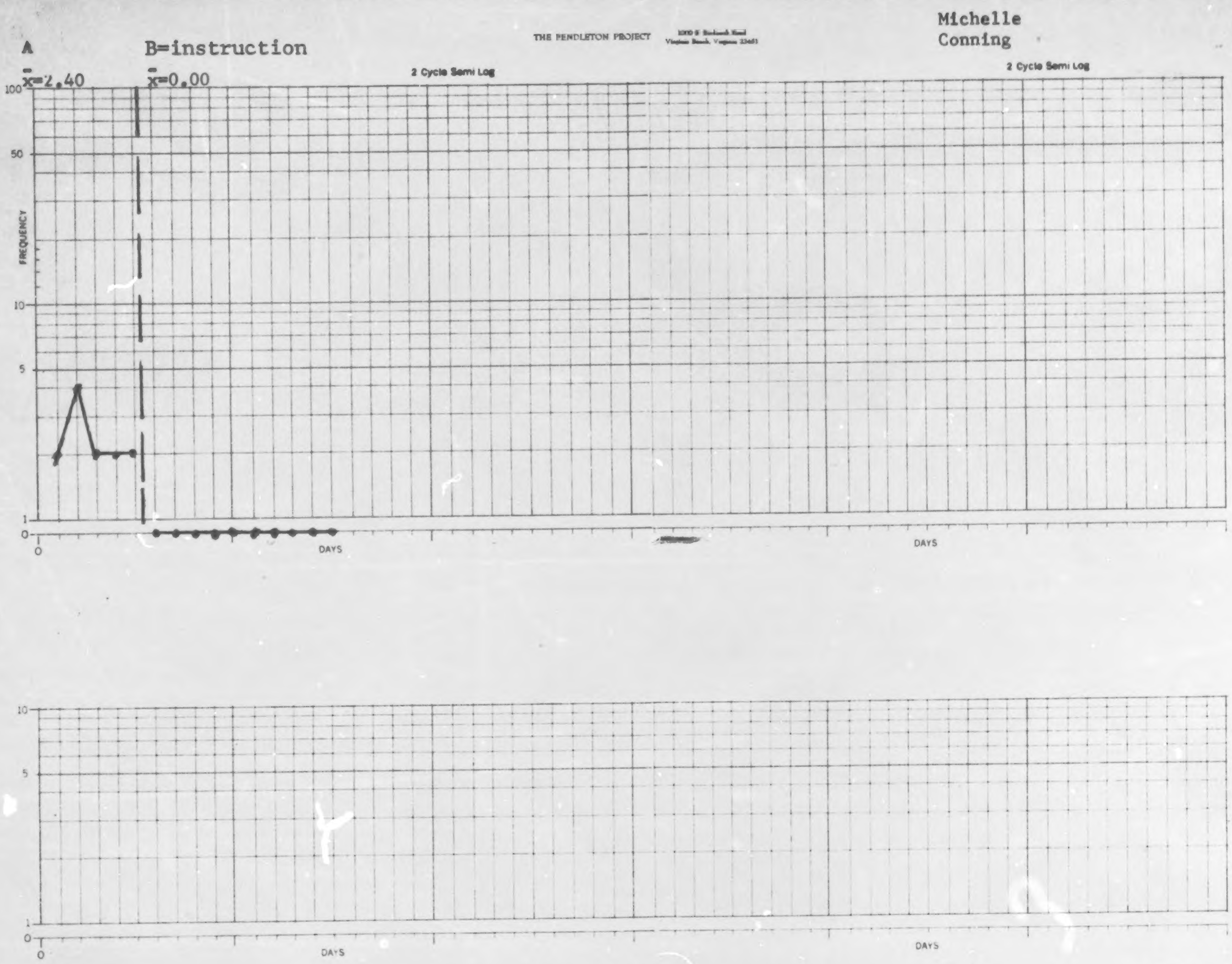

THE PENDLETON PROJECT
Virginia Beach, Virginia 23451
Michelle
Conning
A
B=instruction
x̄=2.40
x̄=0.00
2 Cycle Semi Log
2 Cycle Semi Log
100
50
10
5
1
0
FREQUENCY
0
DAYS
DAYS
10
5
1
0
0
DAYS
DAYS

Figure 11

Mean Frequencies of Target Behavior	A_1	B_1	B_2	A_2
Tears	1.87/day	1.25/day	0.93/day	0.27/day
Interrupting	2.62/day	1.50/day	0.20/day	0.00/day
	A_1	A_1		
Conning	2.40/day	0.00/day		

Ernest

Ernest, an eleven year old boy, was referred by a pediatrician at the Boone Clinic for aggression at home, uncontrolled temper, disobedience, and similar school misbehaviors. Baseline at home revealed "backtalk" (defined as verbal defiance, anger, arguing, and sassiness) as being the most predominant behavior and usually an antecedent to other misbehaviors, such as striking his mother or losing his temper. He had been taken off medication for "hyperactivity" just prior to our treatment. During procedure (B), we contracted with Ernest for the following. Each day that he kept his backtalk to three times or less, he would earn five points. Each incident in excess of three would result in the loss of one point. A reward was made contingent upon earning thirty of a possible thirty-five points each week. His initial reward was a spaghetti dinner with all the trimmings prepared by his mom.

During procedure (C), his limit was reduced to twice a day. The rewards changed weekly. During A_2, the contract was not in effect and we observed an increase in the target behaviors. Procedure C_2 reinstated the contract on an as needed basis.

Analysis of Figure 12 reveals that the target behavior came under the control of intermittant contracting.

Mean Frequencies of Target Behavior	A_1	B	C_1	A_2	C_2
Backtalk	3.70/day	2.70/day	0.91/day	2.60/day	1.66/day

Follow-up (C_2) revealed occurrences of 0.18 per day.

Self-concept data from the Piers Harris indicates a slight increase in the self-concept score on Michelle (pre 50/post 51) and Joey (pre 35/post 37). Pre and post data were not available on Ernest.

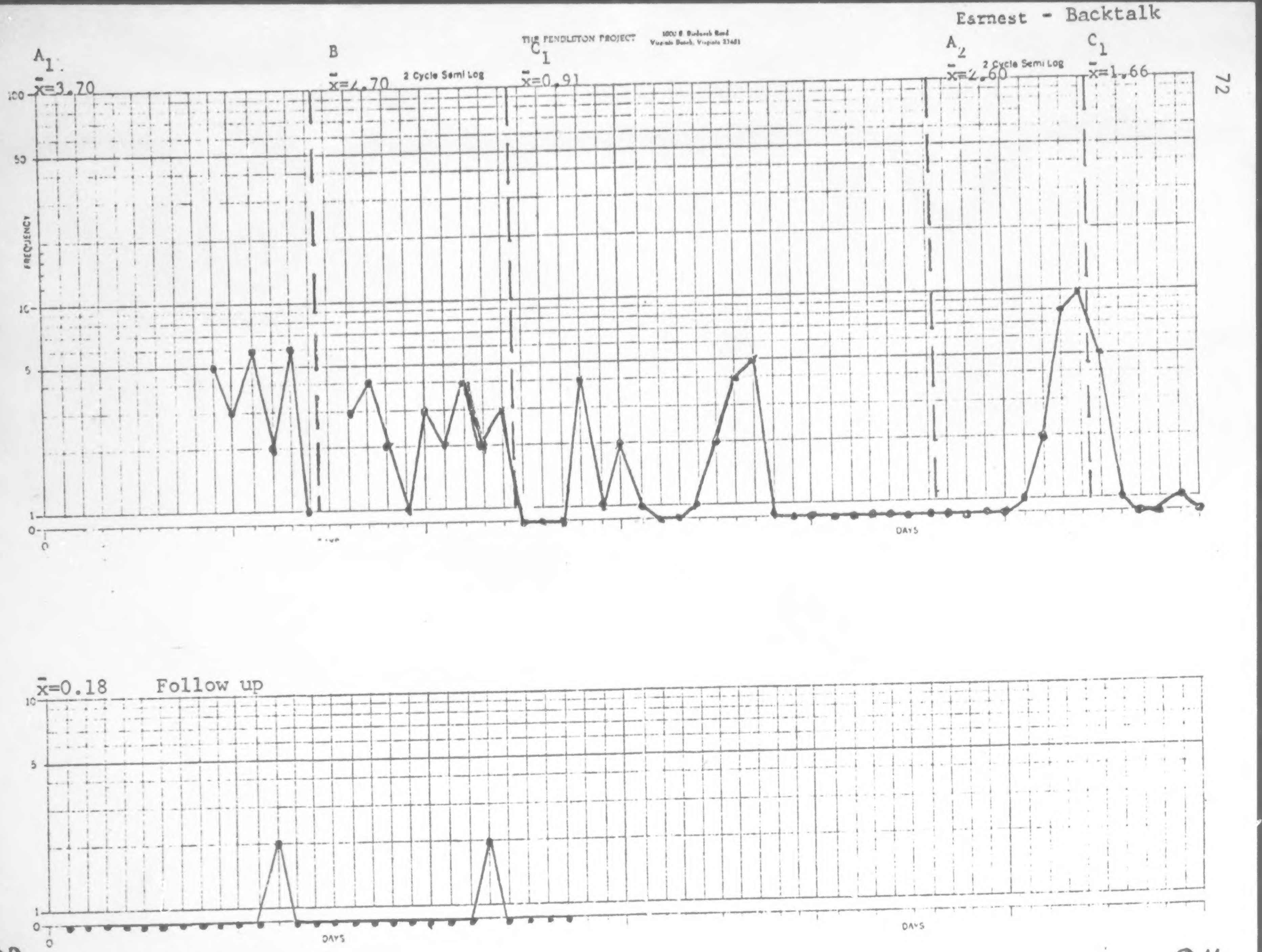

Earnest - Backtalk
THE PENDLETON PROJECT
Virginia Beach, Virginia 23451
2 Cycle Semi Log
A_1
$\bar{x}$=3.70
B
$\bar{x}$=2.70
C_1
$\bar{x}$=0.91
A_2
$\bar{x}$=2.60
C_1
$\bar{x}$=1.66
100
50
10
5
1
0
FREQUENCY
DAYS
0
$\bar{x}$=0.18
Follow up
10
5
1
0
DAYS
0

Figure 12

Behavior Management by Teaching Parents to Analyze Situations Behaviorally

Experimenter (E) Peter Prizzio

This approach is designed to teach parents to eliminate children's unacceptable behavior and retrain them to behave in a more acceptable manner. This is done by coaching the parents to make behavioral observations of their own behavior and make changes where necessary in order to provide changes in their children's behavior. By behavioral observation, the parents are able to look at the total situation: the antecedent to the behavior, the behavior itself, and the consequence that is maintaining the behavior. This approach causes the parents to become competent in applying the basic concepts of behavior management. They learn that their behavior is affecting the way the child behaves.

The use of reading material for parents from Living with Children (Patterson & Guillon, 1968) and observation and charting of one's own behavior in interaction with the referred child will be the primary teaching tools.

Method

Research Design

The design is based on the intensive study of individual subjects (Thoresen, 1973). The design involves four phases: A_1, A_2, B_1, B_2. The first baseline (A_1) is a frequency count taken by the parent on the child's target behaviors. During the second baseline (A_2), the frequency of each behavior is recorded together with antecedent to that behavior and the consequence that follow it and then the behavior that follows the consequence. The criterion to move from baseline A_1 to A_2 and from baseline A_2 to intervention B_1 is 80% reliability correlation between parent and E observations. Intervention B_1 is a selected reading from Living with Children, (Patterson and Gullion, 1968) with oral quizzes on the material. Intervention B_2 is coaching and suggestions based on reading material and behavioral records kept by parents.

Measurement Procedures

Intervention B_1 and B_2 are considered successful if the target behaviors are occurring at a daily frequency of one half (50%) of the baseline A_1 (average frequency) or less. In addition, the behavior data during each phase is analyzed by a trend analysis (Thoresen, 1973) and pre and post measurements on the Pendleton Project Parent Behavior Rating Scale and the Piers Harris Self-Concept Scale.

Subjects

The subjects are clients deemed appropriate to the population of the Pendleton Project, ages 6-12. These are children who exhibit behavior problems. These problems are manifested in the form of physical or verbal aggression, firesetting, lying, disobedience, etc. The criterion for selection is one or two parent families that are literate. They will have to be cooperative and willing to do reading assignments. They must identify and monitor their own behavior as well as those exhibited by their child. Cooperation is determined by scores of no less than three of five of the Pendleton ACTUS scales. This scale is a measure of parents' cooperation and ability to maintain the program. In addition, the child's maladaptive behavior must occur predominately in the home environment. Two target behaviors will be monitored at a given time by the parent.

Setting

This research is carried out in the home environment.

Observation Procedures

The parent collects behavioral data during each phase of the study. E observes for one-hour intervals during each phase and trains the parent in data collection until there is an 80% reliability between the parent's and E's data during a one-hour interval.

Baseline A_1

The parent takes frequency count on two target behaviors for five days with a minimum 80% reliability criterion between parent's and E's observations.

Baseline A_2

The parent records behavioral units (i.e., antecedents, behavior, consequences, behavior that follows consequences) for a five day period with a minimum 80% criterion between parent's and E's observations.

Intervention B_1

The parent is assigned several chapters to read from Living with Children and is quizzed orally at end of one week until 80% of quiz questions answered correctly. Parent continues to collect behavioral unit data as in A_2 and it is analyzed with E although no suggestions for change are made by E.

Intervention B_2

The parent is given several additional chapters from Living with Children and quizzed orally until 80% of items are answered correctly. Behavioral unit data is collected by parent as in A_2 and B_1 and is analyzed with E who makes suggestions to parent for changing their behavior. Phase B_2 continues until target behaviors are occurring at a maximum of 50% of the average during baseline A_1. This phase will be carried out for a total of eight weeks.

Results and Discussion

Scott

Scott is a ten year old fourth grade student. He is one of three children who lives with his mother. His parents have been separated for three years. He was referred by the Department of Social Services where the case is also open for services. Scott's referral behaviors were fighting with siblings, lying, backtalking, disobedience, and tantrums.

Academically, Scott is functioning a little below grade average, although his I.Q. is 116 full scale.

As a result of working solely on fighting and crying behavior with his mother, we saw a spinoff and all of his referring behaviors were under control at the time of follow-up.

As is apparent, the mean frequency of the target behaviors decreased from the baseline phases (A_1 and A_2) to intervention phases (B_1 and B_2).

Target Behavior	A_1	A_2	B_1	B_2
Crying	1.80/day	1.00/day	0.59/day	0.17/day
Fighting	1.36/day	0.56/day	0.38/day	0.17/day

As a result of working solely on fighting and crying behavior with Scott's mother, there was a spinoff effect and all of the other behaviors decreased to acceptable levels.

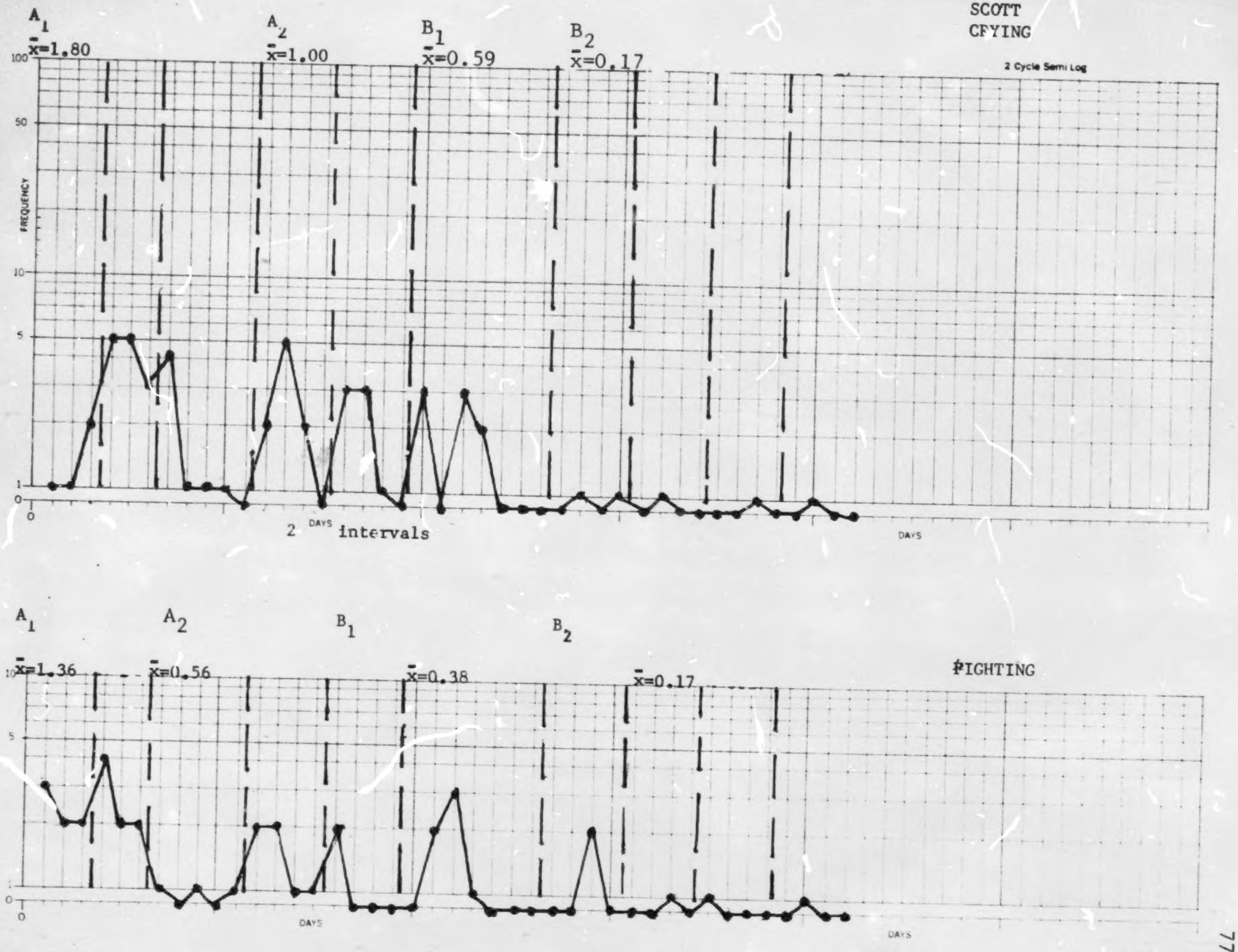

A1
x̄=1.80
A2
x̄=1.00
B1
x̄=0.59
B2
x̄=0.17
SCOTT
CRYING
2 Cycle Semi Log
100
50
10
5
1
0
FREQUENCY
0
DAYS
2 intervals
DAYS
A1
A2
B1
B2
x̄=1.36
x̄=0.56
x̄=0.38
x̄=0.17
FIGHTING
10
5
1
0
0
DAYS
DAYS

Figure 13

Glenda

Glenda is a seven year old female and the youngest of two girls. Glenda's behavior in school was fine; however, her parents referred her because they felt they were at a loss as to how to control her behavior. They felt it was important to work with her before she became any worse. Her referral behaviors were telling stories, tantrums, messy room, messy eating, messy clothes, refusal to do as asked, making noises, and chewing clothes.

As is apparent from Figures 14, 15, and 16, the mean frequency of occurrence of each target behavior decreased from baseline phases (A_1 and A_2) to intervention phases (B_1 and B_2).

Target Behavior	A_1	A_2	B_1	B_2
Messy Room	3.33/day	1.13/day	0.42/day	0.33/day
Messy Eating	3.16/day	0.13/day	0.00/day	0.00/day
Messy Clothes	3.33/day	0.46/day	0.00/day	0.00/day
	A_1	A_1	A_1	A_1
Storytelling	2.00/day	0.60/day	0.00/day	0.00/day
Chewing Clothes	3.00/day	0.66/day	0.28/day	0.12/day

Although the focus of the program was on messy room, messy eating, and messy clothes, there was a "spinoff" effect on the other two behaviors - storytelling and chewing clothes - such that they came under control also.

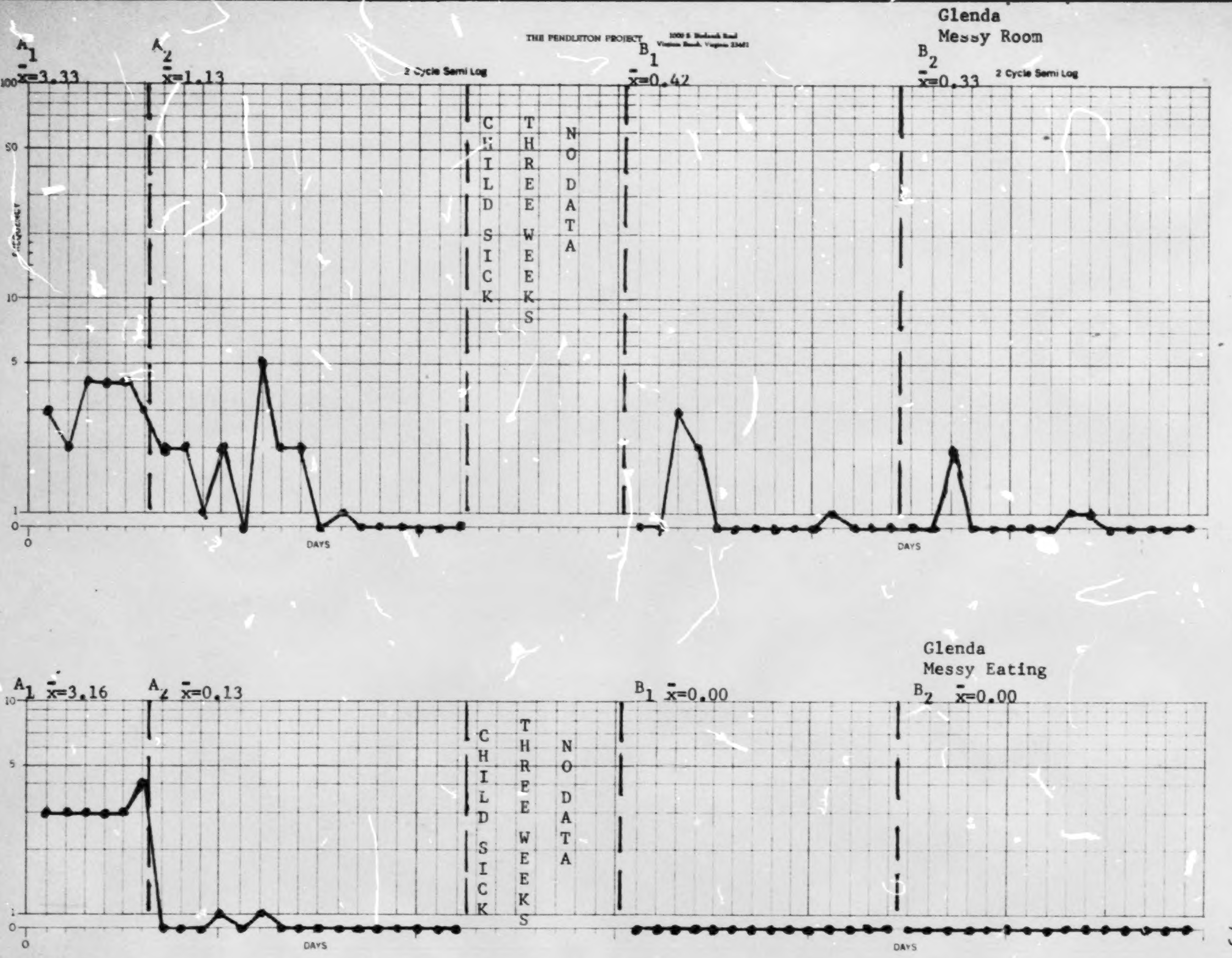
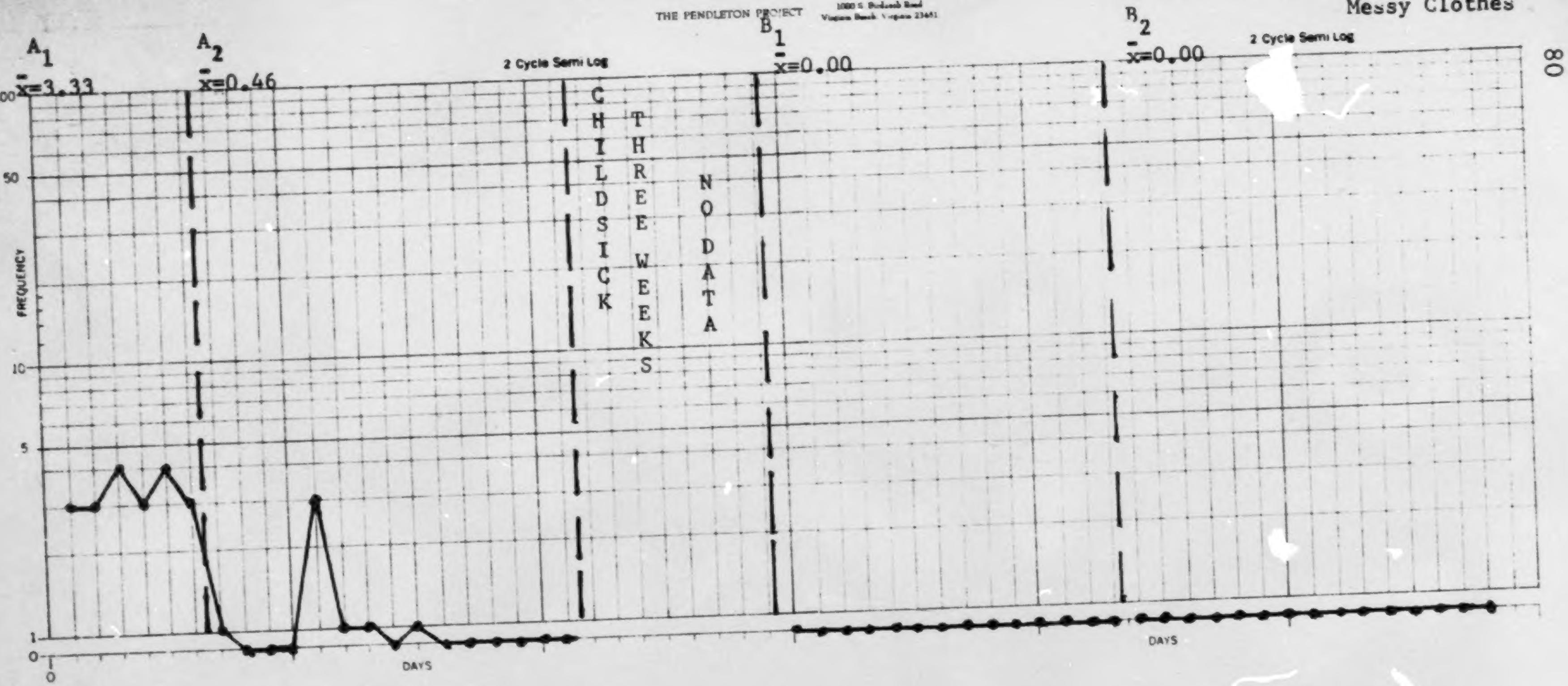
Glenda
Messy Room
THE PENDLETON PROJECT
2 Cycle Semi Log
A_1 $\bar{x}$=3.33
A_2 $\bar{x}$=1.13
B_1 $\bar{x}$=0.42
B_2 $\bar{x}$=0.33
FREQUENCY
100
50
10
5
1
0
CHILD SICK
THREE WEEKS
NO DATA
DAYS
Glenda
Messy Eating
A_1 $\bar{x}$=3.16
A_2 $\bar{x}$=0.13
B_1 $\bar{x}$=0.00
B_2 $\bar{x}$=0.00
10
5
1
0
CHILD SICK
THREE WEEKS
NO DATA
DAYS

Figure 14

Glenda
Messy Clothes



Glenda
Story Telling

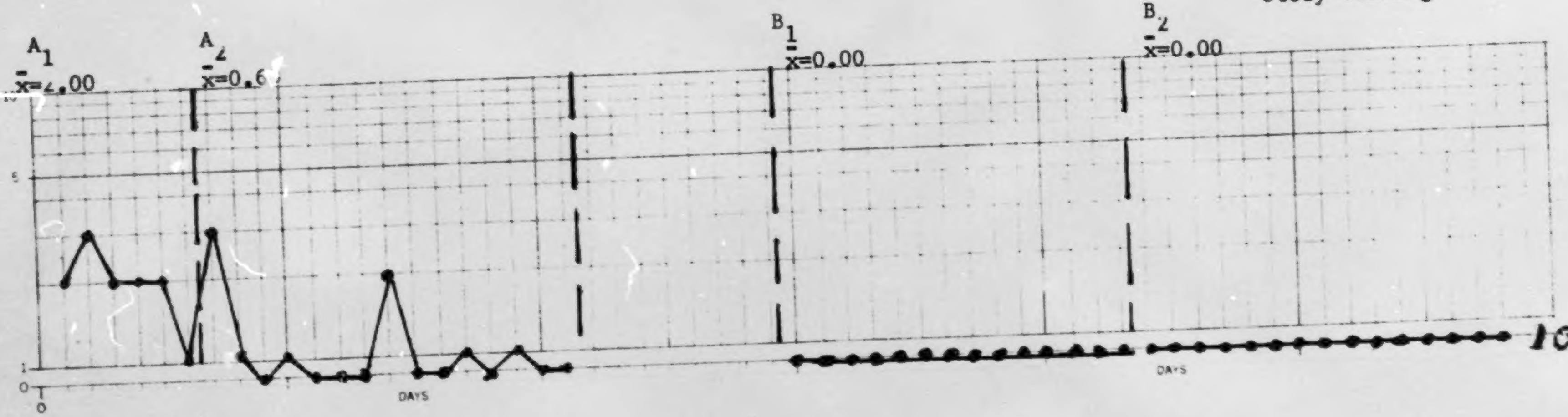


Figure 15

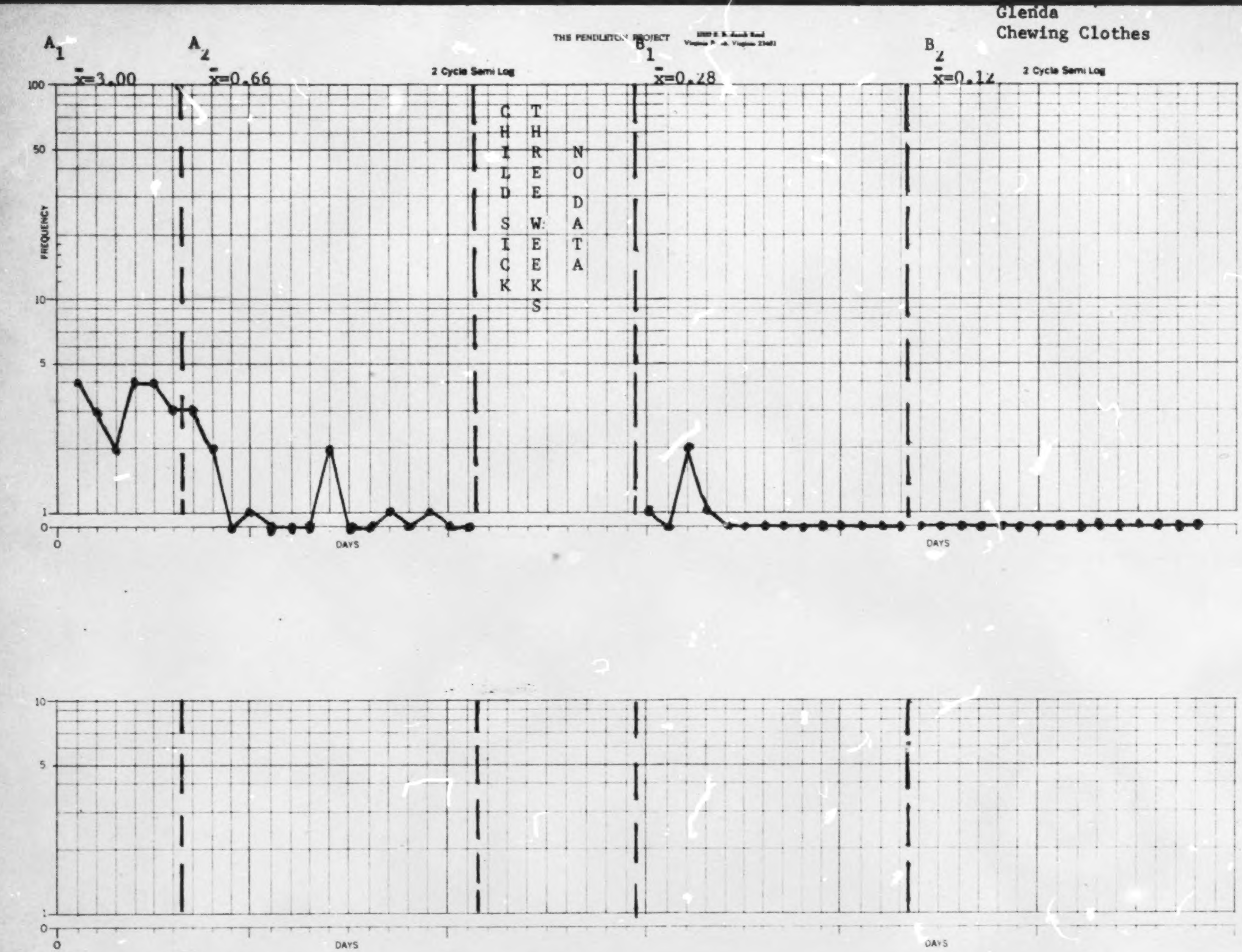

Glenda
Chewing Clothes
THE PENDLETON PROJECT
2 Cycle Semi Log
A1
x̄=3.00
A2
x̄=0.66
B1
x̄=0.28
B2
x̄=0.12
CHILD SICK
THREE WEEKS
NO DATA
FREQUENCY
100
50
10
5
1
0
DAYS

Figure 16

James

James is a nine year old white male referred by a local pediatric clinic. His behaviors were fighting, lying, tantrums, and disobedience.

James lives with his mother and stepfather and has one older sister.

Academically, James is on grade level; the only I.Q. score available was the Kuhlman-Anderson - 110 (1974).

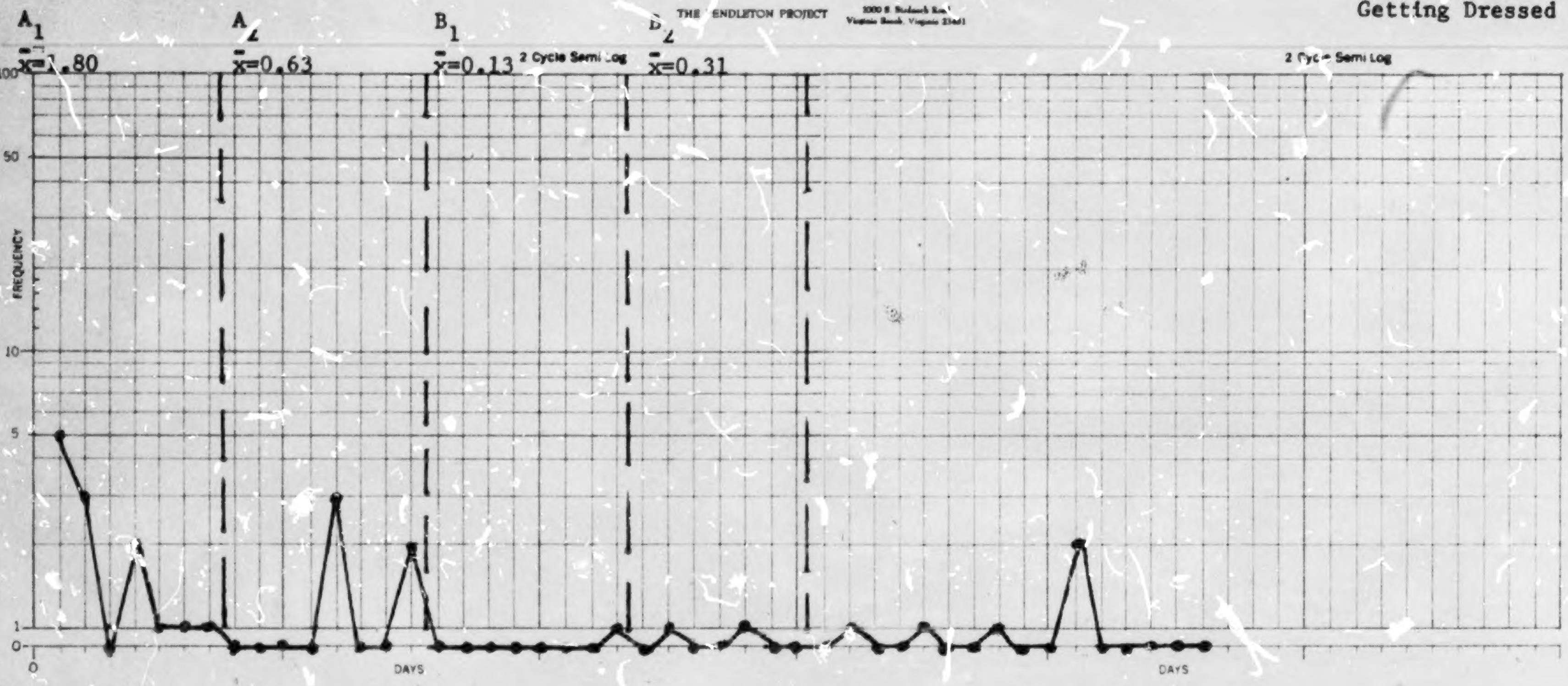
Again, James' behavior had become increasingly poor in the two years the treatment agent and mother chose to work initially on the target behaviors: refusal to get dressed and finishing his meals.

Analysis of Figure 17 reveals that the average frequency of occurrence of the target behaviors decreased from baseline phases (A_1 and A_2) to intervention phases (B_1 and B_2).

Target Behavior	A_1	A_2	B_1	B_2
Getting Dressed	1.80/day	0.63/day	0.13/day	0.31/day
Finish Eating	3.48/day	0.50/day	0.25/day	0.08/day

Again, it was necessary to focus directly on these two target behaviors. The other referral behaviors came under control as a spinoff effect.

James
Getting Dressed



Finish Eating

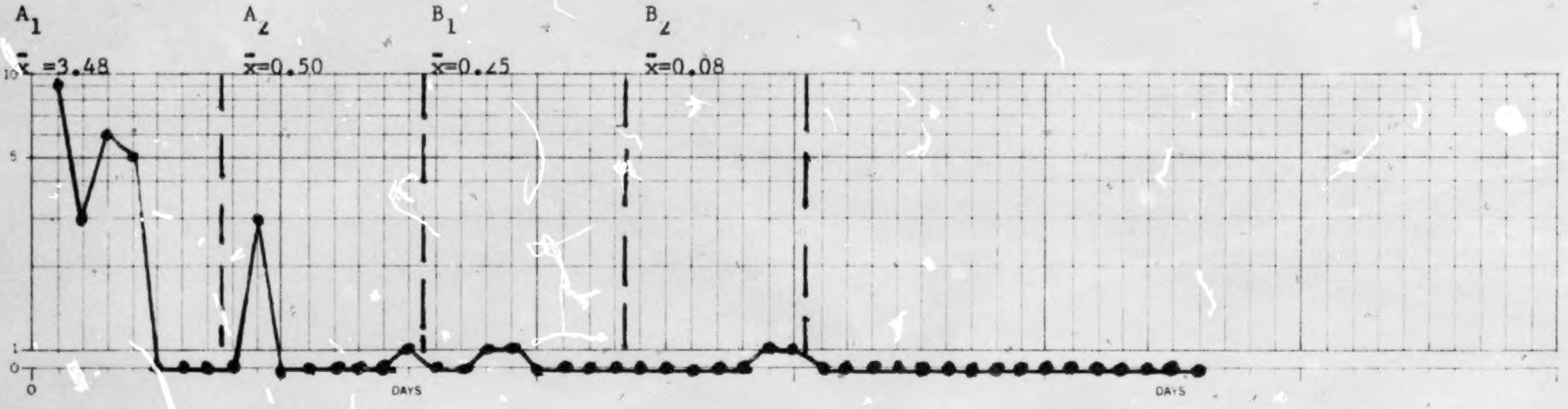


Figure 17

Classroom-wide Intervention Program: The Good Behavior Game

Anne Shows, Kathleen Dailey, Andrea Williams

The goal of the good behavior game (Barrish, Saunders, and Wolf, 1969) is to provide a teacher with a tool useful in controlling a behavior problem common to the whole classroom. It is simply designed and easy to incorporate into a classroom routine, requiring a minimum of time daily for the teacher. The children are grouped according to teams to compete and, in winning, are rewarded within the classroom.

The teacher will be asked to devote approximately six weeks to this project and ultimately benefit from a better disciplined classroom.

Design

The game will be played using the A-B-A-B design: A - the baseline period of five days; B - the intervention period lasting two or three weeks with a goal of decreasing the behavior by 50% of the baseline frequency; A - the game no longer is played; however, baseline is taken again; B - reimplementation of the game. Data will be collected and plotted to determine the effectiveness of the game.

Subjects and Setting

The class selected will be one where there is a need for decreasing inappropriate behaviors and whose teacher is eager and willing to devote time to preparation and execution of a structured program. The class will be divided into two teams prior to baseline with attention given to equalizing behavior problems on each team.

The game may be played in one particular class or all day long, depending on the needs of the teacher.

Observation Technique

The teams having been selected, observation and counting begins for a period of five days. This may be done by the teacher or another observer during the same time period when the game will be played. The data will be kept daily. Charts will be made during this time, identifying the two teams.

When the game is introduced to the class, the team charts will be prominently posted. The teacher should discuss the rules and rewards with the class.

(1) either or both teams can win,
(2) each time a team member is called down for the inappropriate behavior, the opposing team will receive a point in a spot reserved for tallying scores,
(3) winners will receive certain privileges, such as:
    (a) wear victory tags,
    (b) place star on winner's chart for every win,
    (c) line up first for lunch, or early if both teams win,
    (d) at the end of the day, take part in a bonus of free time during which the team would have special projects. (The losing team would continue working on an assignment at this time).

Results and Discussion

Two classes were selected to participate in the game. Classroom A, with twenty students, played the game all day long with goals of decreasing two disruptive behaviors (talking out of turn and being out of seat inappropriately) and increasing the amount of classwork completed.

This teacher had an aide and participated in the project for approximately twelve weeks. This was not planned, but resulted when I neglected to ask her to keep a record of the frequency of the target behaviors in the B_1 period. Therefore, the data in this portion of the game was extended to A_1 B_1 A_2 B_2 A_3 B_3.

The rewards offered were a choice of candy, fifteen minutes of free play outside, fifteen minutes in the activity centers, or going to the auditorium with the aide for fifteen minutes of physical education activities or games.

As is apparent from the data, both the Orange and Green Teams responded to the implementation of the Good Behavior Game. The frequency of the occurence of the target behaviors for the Orange Team was 74.0 per day during Phase 1 (Baseline). No data on Phase B_1 (Good Behavior Game) was available due to an oversight on the Pendleton worker's part. In Phase A_2 (Baseline), the target behaviors occurred on the average of 36.1 times per day. This decreased to 19.1 per day during B_2 (Good Behavior Game), increased to 22.5 per day during A_3 (Baseline) and then decreased to 13.3 per day during B_3 (Good Behavior Game). During this time period, work completed for the team increased from 79% during A_1 to 95% during B_1 to 92.5% during A_2 to 91% during B_2. This increase in work completed to above 90% for the team may have been a spinoff effect of the Good Behavior Game since no specific consequences were applied to the work completion.

The frequency of occurrence of target behaviors for the Green Team was as follows: A_1 (Baseline) - 75.6 per day; B_1 (Good Behavior Game) - No data; A_2 (Baseline) - 29.4 per day; B_2 (Good Behavior Game) - 16.6 per day; A_3 (Baseline) - 26.4 per day; and B_3 (Good Behavior Game) - 17.0 per day. There was also a change in the percentage of work completed by the Green Team even though there was no consequence applied to this target area: A_1 - 80%; B_1 - 96%; A_2 - 92%; and B_2 - 96%.

In summary, there was a 78% decrease in the frequency of the target behaviors from baseline (A_1) to final intervention (B_3) while work completion increase came from approximately 80% (A_1) to approximately 95% during intervention.

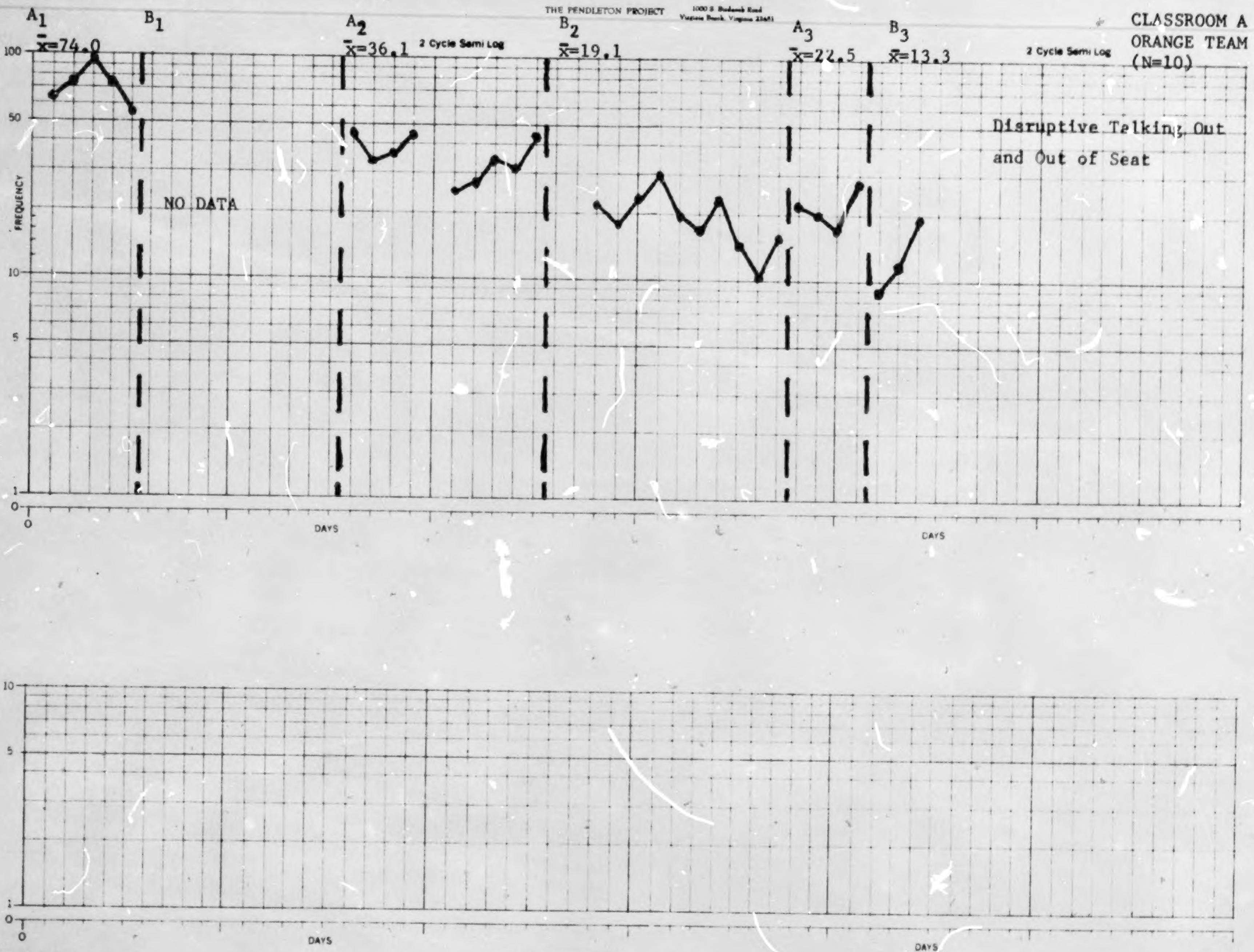

THE PENDLETON PROJECT
CLASSROOM A
ORANGE TEAM
(N=10)
Disruptive Talking Out and Out of Seat
A_1
$\bar{x}=74.0$
B_1
NO DATA
A_2
$\bar{x}=36.1$
2 Cycle Semi Log
B_2
$\bar{x}=19.1$
A_3
$\bar{x}=22.5$
B_3
$\bar{x}=13.3$
2 Cycle Semi Log
FREQUENCY
100
50
10
5
1
0
0
DAYS
DAYS
10
5
1
0
0
DAYS
DAYS

Figure 18

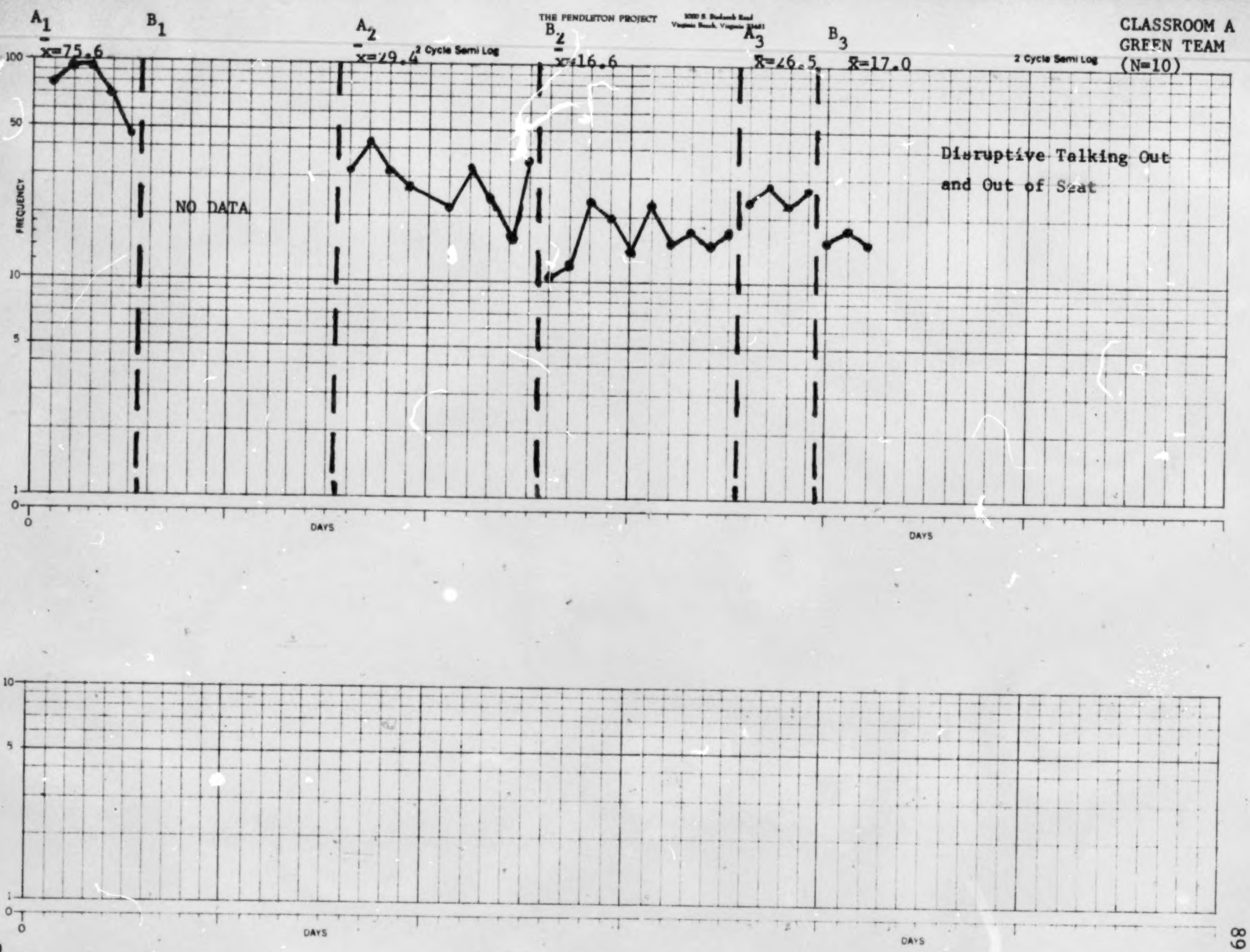

THE PENDLETON PROJECT
CLASSROOM A
GREEN TEAM
(N=10)
A1
x=75.6
B1
NO DATA
A2
x=29.4
B2
x=16.6
A3
x̄=26.5
B3
x̄=17.0
2 Cycle Semi Log
2 Cycle Semi Log
Disruptive Talking Out
and Out of Seat
FREQUENCY
100
50
10
5
1
0
0
DAYS
DAYS
10
5
1
0
0
DAYS
DAYS

Figure 19

Classroom B participated in the game for seven weeks. This was a one hour language arts class with twenty students who were also having difficulty with talking out of turn, being out of seat, and other disruptive behaviors. In this classroom, too, the teacher and students were excited about playing the game and pleased with the improved behavior. The winning team was offered treats or five minutes of free time at the end of the class period. They most frequently chose the free time. As is apparent from the graph (Figure 20), the target behaviors decreased from a mean of 26 occurrences per day during Phase A_1 (Baseline) to 4.8 occurrences per day during Phase B_1 (Good Behavior Game). When the game was discontinued (Phase A_2), the frequency of the target behaviors increased to 11.0 per day and then decreased again (3.1 per day) where the Game was reimplemented.

In both of these classrooms, cooperative teachers devoted time in preparation, recorded data, and reported the results. However, by implementing the game, they became familiar with a relatively simple device for controlling the type of inappropriate behaviors common to many classrooms.

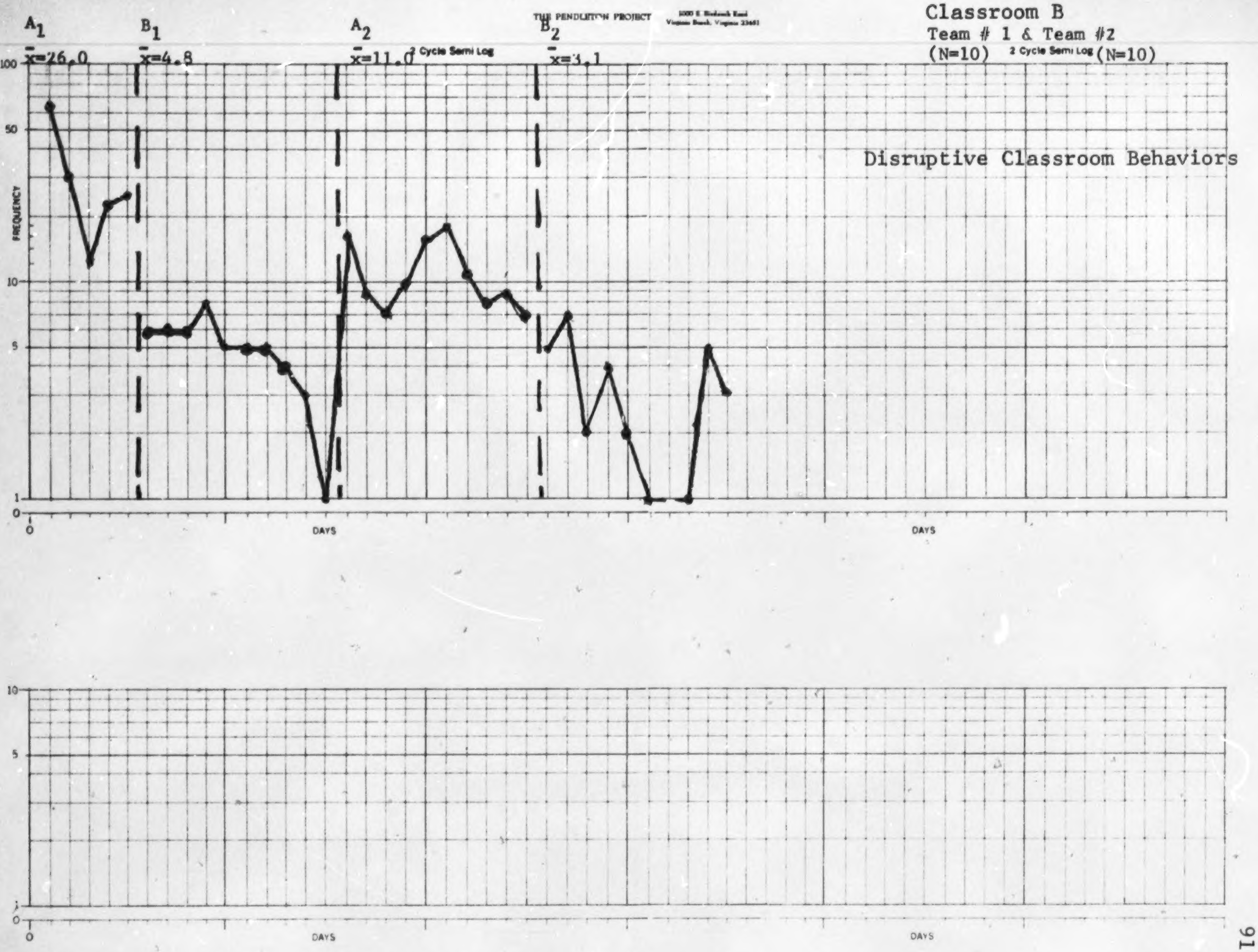
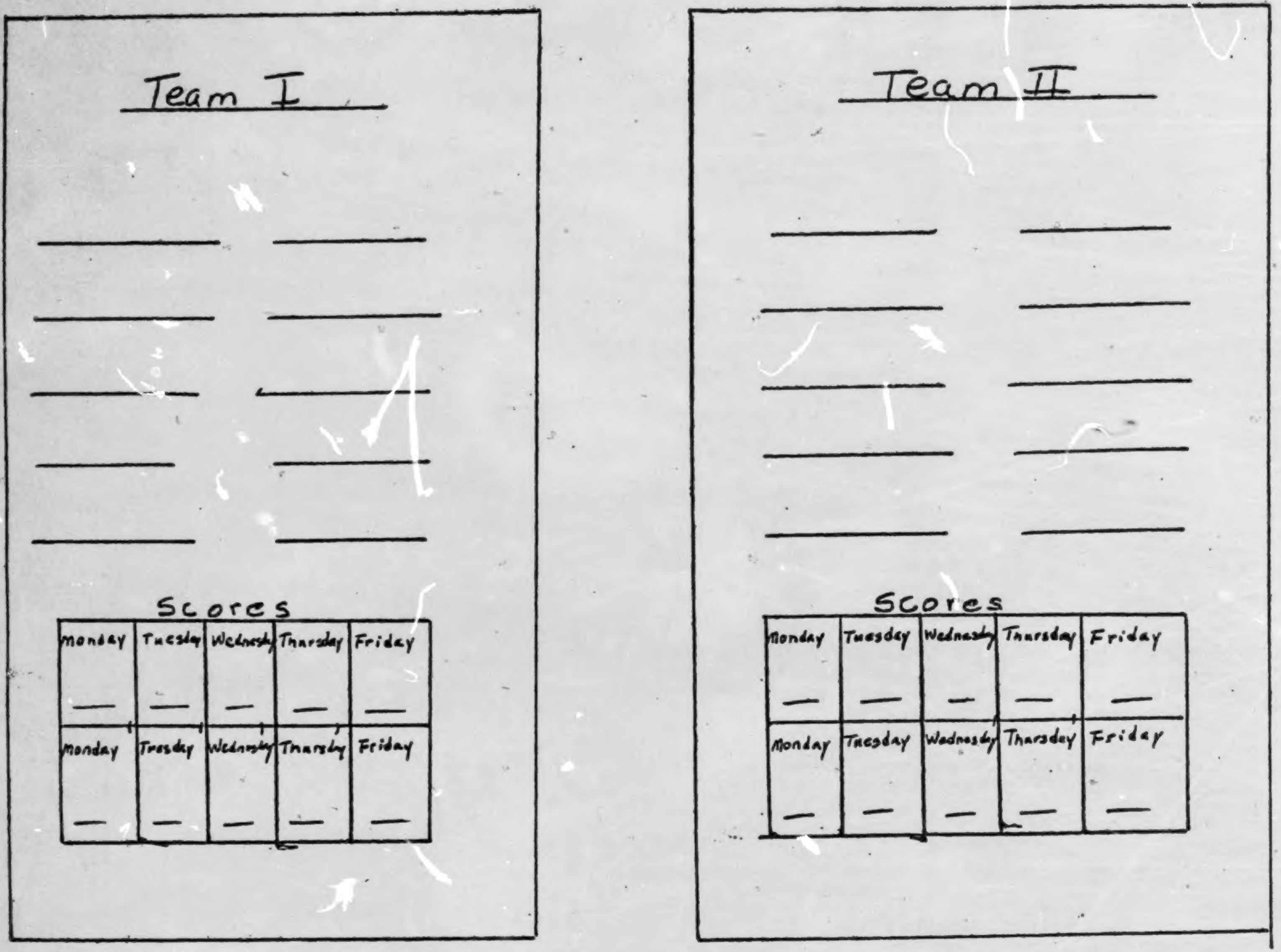

THE PENDLETON PROJECT
Classroom B
Team # 1 & Team #2
(N=10)
(N=10)
2 Cycle Semi Log
2 Cycle Semi Log
Disruptive Classroom Behaviors
A_1
$\bar{x}=26.0$
B_1
$\bar{x}=4.8$
A_2
$\bar{x}=11.0$
B_2
$\bar{x}=3.1$
FREQUENCY
100
50
10
5
1
0
DAYS
DAYS
10
5
0
DAYS
DAYS

Figure 20



Team I

______ ______
______ ______
______ ______
______ ______
______ ______

Scores

Monday	Tuesday	Wednesday	Thursday	Friday
___	___	___	___	___
Monday	Tuesday	Wednesday	Thursday	Friday
___	___	___	___	___

Team II

______ ______
______ ______
______ ______
______ ______
______ ______

Scores

Monday	Tuesday	Wednesday	Thursday	Friday
___	___	___	___	___
Monday	Tuesday	Wednesday	Thursday	Friday
___	___	___	___	___

Good Behavior Game - Data Monitoring Sheet

Figure 21

Survey of the Community's Perception of Pendleton Project Activities

Faye Craighead

On March 25, 1976, 1,056 questionnaires were sent out to the citizens of Virginia Beach and Chesapeake to tap the community's perception of the Pendleton Project. The names of respondents were randomly selected from Virginia Beach and Chesapeake city directories. Twenty-one percent (N=224) of the questionnaires were returned. Of these, 181 of the respondents were "not at all familiar" with the Pendleton Project, 11 were "not very familiar," 26 were "familiar," and 6 were "very familiar." The results of the survey are summarized below for those respondents (N=43) who were either very familiar, familiar, or not very familiar with the Pendleton Project.

1. Eighty-eight percent of the respondents felt the Pendleton Project did a "better than average," "good," or "very good job" with children, parents, and teachers involved with the Pendleton Project.

   Twelve percent felt the Pendleton Project did a less than average or poor job.

2. Eighty-six percent of the respondents would refer their child or a friend's child to the Pendleton Project.

   Fourteen percent would not.

3. Sixty-three percent of the respondents felt that other parents would be "primarily unconcerned" or "not at all concerned" about a child living in the neighborhood if he had been involved with the Pendleton Project.

   Thirty-seven percent said other parents would be "somewhat concerned" or "very concerned."

4. Eighty-six percent of the respondents would allow their children to associate with a child in the neighborhood who had been involved with the Pendleton Project and felt other parents would also.

   Fourteen percent would not allow their child to associate with this child and felt other parents would not either.

5. Seventy-one percent felt children referred to Pendleton are basically no different from other children.

   Twenty-nine percent disagreed with this.

A general profile of the preceding respondents would show a person between 20 and 59, male or female, with children of his/her own equally distributed across age range 1 to 18 and 25% of the children were in grades kindergarten through sixth. (Income level of these respondents ranged from $6,000 to $30,000+).

The following general demographic information has been compiled on the 181 respondents who were "not at all familiar" with the Pendleton Project:

62% were between 30 and 49
76% were male; 24% were female
77% had some college or are a college graduate
84% had an annual income of $10,000 or more
86% had children: 59% ages 12 and older
41% ages 1 through 12

CHAPTER V

Project Management and Personnel

Management Board

Presented here is a detailed listing of the members of the management board for 1975-76 with executive committee members so noted by asterisks.

The following officers were elected to the respective positions and assumed office on January 1, 1976:

Chairman:	Mr. W. Douglas Clark, Director Department of Social Services Chesapeake, Virginia
Vice Chairman:	Mr. Charles H. Merritt Assistant Commissioner Department of Vocational Rehabilitation Richmond, Virginia
Secretary:	Mr. Gordon Turner, Chief Juvenile Probation Department Municipal Center Virginia Beach, Virginia

PENDLETON PROJECT MANAGEMENT BOARD

*Dr. Laura Morris, Director
Department of Health, Civic Center
Chesapeake, Va. 23320

*Mr. W. D. Clark, Director
Dept. of Social Services
100 Outlaw Street
Chesapeake, Va. 23320

*Frances Elrod, Director
Dept. of Social Services
Municipal Center
Virginia Beach, Va. 23456

*Gordon Turner, Chief
Juvenile Probation Dept.
Municipal Center
Virginia Beach, Va. 23456

*George Tinnes
Assistant to the City Manager
Virginia Beach, Va. 23456

*Ms. Vickie Montgomery
City Manager's Office
Chesapeake, Virginia 23320

*Charles H. Merritt, Assist. Comm.
Dept. of Vocational Rehabilitation
4615 West Broad Street
Richmond, Virginia 23230

*William E. Weddington
Director of Youth Services
Department of Corrections
20[illegible] Turner Road
Richmond, Virginia 23235

Dr. Franklyn Kingdon
Assistant Superintendent
Dept. of Education
300 Cedar Road
Chesapeake, Va. 23321

Chief R. A. Lakoski
Police Department
304 Albemarle Drive
Chesapeake, Va. 23320

Donald Peebles
Chapter 10 Board
1301 Jerome Street
Chesapeake, Va. 23324

Honorable Fred Aucamp
Juvenile & Domestic Relations Court
Municipal Center
Virginia Beach, Va. 23456

Honorable E. P. Grissom
Juvenile & Domestic Relations Court
300 Cedar Road
Chesapeake, Va. 23321

Dr. William Crawford, Director
Dept. of Public Health
Municipal Center
Virginia Beach, Va. 23456

Dr. E. E. Brickell, Superintendent
Virginia Beach Public Schools
Municipal Center
Virginia Beach, Va. 23456

Col. W. W. Davis, Chief
Department of Police
Municipal Center
Virginia Beach, Va. 23456

Gary Farmer, Director
Juvenile Court Services
1202 - 20th Street
Chesapeake, Va. 23320

John Aycock, Director
Mental Health Services Board
Pembroke I, Suite 103
281 Independence Boulevard
Virginia Beach, Va. 23462

Dr. Samuel Graham
Director of Local Health Services
James Madison Building
Richmond, Va. 23208

Ms. Jacqueline Raulerson, Reg. Rep.
Dept. of Mental Health & Retardation
Post Office Box 1797
Richmond, Va. 23214

Carl Cimino
Division of Justice & Crime Prevention
8501 Mayland Drive
Richmond, Va. 23229

Miss Helen Hill
Dept. of Education
9th Street Office Building
Richmond, Va. 23219

Herbert Krueger, Special Assistant
State Department of Welfare
8007 Discovery Drive, Box K-176
Richmond, Va. 23288

Otis Brown, Secy. of Human Affairs
Office of the Govenor
910 Capitol Street
Richmond, Va. 23219

Maj. Gen. William J. McCaddin
National Guard
506 - 9th Street Office Building
Richmond, Virginia 23219

*Indicates Executive Committee

Personnel

Presented here is the current distribution of staff together with the dates of employment. There are no anticipated terminations.

I. Administration

  A. Director, Richard C. Pooley, Ph.D., 9/25/73

  B. Assistant to the Director. Position to be filled July 16, 1976, by Alan R. Davidson, M.B.A.

II. Clerical

  A. Secretary II, Rosemary C. Spinelli, 4/7/75

  B. Clerk Typist II, Twila Moser, 2/3/76

  C. Account Clerk III, Alison Ruttenberg, 8/7/73

III. Project Services Team

  A. Virginia Beach Social Worker, Faye Craighead, B.A., 10/1/75

  B. Virginia Beach Probation Officer, Mary Johnson, B.A., 8/1/73

  C. Chesapeake Educational Specialist, Raymond Bloomer, B.S., 1/2/75

  D. Virginia Beach Educational Specialist. Position to be filled by July 1, 1976, by Loneta Mooney, M.Ed.

  E. Chesapeake Social Worker, Sandra Nozzarella, B.S., 10/1/74

  F. Virginia Beach Public Health Nurse, Billie Walker, R.N., 9/16/74

  G. Comprehensive Mental Health Program, Psychiatric Social Worker, Catherine Chapin, M.S.W., 7/16/75

  H. Chesapeake Probation Officer, Peter Prizzio, M.Ed., 7/1/74

IV. Diagnostic Team

  A. Clinical Psychologist, Richard Shea, Ph.D., 9/16/73

  B. Educational Psychologist, Bong-soo Eun, Ph.D. (abd)., 10/14/74

V. Residential Treatment Team

  A. Teachers/Counselors

    1. Fred Rowlands, B.A., 11/1/73

    2. Henry Lee, B.S., Special Ed., 7/15/74

3. Donna Beckett, B.S., Special Ed., 8/7/74
4. Doris Brody, B.A., 8/16/74
5. Ann Ackerman, M.S., 7/1/75
6. Virginia Aygarn, B.S., 5/16/75

B. Nurse, Dorothy Nichols, R.N., 7/28/75

C. Recreational Supervisor, Craig Johnson, B.S., 4/8/74

D. Child Care Workers

1. Shelid Stevenson, 4/16/74
2. Jody DeCaro, 9/16/74
3. Rose Marie Paganelli, B.S., 1/16/75
4. Margaret Kocen, B.A., 5/1/75
5. Donna Beasley, B.A., 5/5/76

VI. Residential Maintenance Staff

A. Custodian, Johnnie Brown, 1/28/74

B. Maintenance Mechanic, John Elliott, 9/16/74

C. Cooks

1. Milford Dunbar, 6/24/74
2. Bettye Nickens, 9/3/74
3. Frances Williams, 10/1/74

VII. Substitutes

A. Jennie Andrews, B.S., 12/1/75

B. Paula Burwell, B.S., 3/1/76

C. Willie Mae Gallop, B.A., 3/1/76

PENDLETON PROJECT ADVISORY COUNCIL

Virginia Beach:

Bernard Barrow
3104 Arctic Avenue
Virginia Beach, Virginia 23451
425-5900

D. William Bridges
4741 Red Coat Road
Virginia Beach, Virginia 23455
497-3138

Michael Katsias
1720 Cooper Road
Virginia Beach, Virginia 23454

Lawrence B. Wales
212 - 40th St.
Virginia Beach, Virginia 23451
422-1711

Dorothy Wood
3809 Thalia Drive
Virginia Beach, Virginia 23452

Chesapeake:

Russell Townsend, Jr.
205 Battlefield Boulevard South
Chesapeake, Virginia 23320

Margaret Perry
210 Robert Court
Chesapeake, Virginia 23320
482-1544

W. A. Johnson
Chesapeake Schools
Post Office Box 15204
Chesapeake, Virginia 23320
547-6260

Lloyd Gaskins
Chesapeake Schools
Post Office Box 15204
Chesapeake, Virginia 23320
547-6379

Parents:

Thomas Jackson
4120 Leyte Avenue
Chesapeake, Virginia 23324

Bonnie Kerney
916 Old Dominion Lane
Virginia Beach, Virginia 23451

CHAPTER VI

Project Expenditure Analysis

Summary

Presented here is an expenditure analysis as of June 30, 1976. These figures reflect all expenditures and encumbrances to date with the exception of fringe benefit costs for city employees. An estimate of $5,400 is anticipated to cover the final quarter of this fiscal year. This figure is an estimate based on past experience. We are unable to determine the exact figure at this time because all the data are not in.

All the agencies with whom the Project Services Team members share joint appointments have billed us for our share of salaries and fringe benefits through June 30, 1976.

Expenditure Analysis
as of
June 30, 1976

DJCP Budget Categories		Budget Allocation	Expenditures To Date	Unencumbered Balance	Percent of Expend.
A.	Personnel	$312,676.00	$305,047.42	$ 7,628.58	75.56%
B.	Consultants	14,471.00	12,486.40	1,984.60	86.28%
C.	Travel	15,546.00	15,242.33	303.67	98.04%
D.	Equipment	15,744.00	15,347.67	396.33	97.48%
E.	Construction	3,750.00	2,800.00	950.00	74.66%
F.	Operating Expense	38,924.00	38,897.62	26.38	99.93%
	TOTAL	$401,111.00	$389,821.44	$11,289.56	97.18%

PENDLETON PROJECT

Grant #75-A3006

Detail of "Other Expenses"

As of June 30, 1976

Postage	$ 1,439.30
Telephone and Telegraph	2,733.05
Electric Current	2,754.14
Data Processing Services	1,207.71
Membership Dues and Subscriptions	531.44
Printing	1,183.30
Water Service	146.62
Sewer Service	258.10
Laundry Service	1,099.00
Photographic Services	80.27
Liability Insurance	450.00
Repairs to Buildings and Grounds	1,198.30
Repairs to Automotive Equipment	282.10
Repairs to Office Equipment	706.97
Other Contracted Services	531.22
Building Supplies	1,181.57
Janitorial Supplies	814.00
Educational Supplies	3,432.91
Food Supplies	9,437.82
Stationery and Office Supplies	5,010.20
Recreational Supplies	597.25
Small Tools	242.28
Material and Supplies	481.34
Medical Supplies	212.57
Household Furnishings and Supplies	2,615.87
Photographic Supplies	270.29
TOTAL	$38,897.62

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